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REAUTHORIZATION OF THE EDUCATION OF THE HANDICAPPED ACT, DISCRETIONARY PROGRAMS

HEARINGS

BEFORE THE

SUBCOMMITTEE ON THE HANDICAPPED

OF THE

COMMITTEE ON
LABOR AND HUMAN RESOURCES
UNITED STATES SENATE

NINETY-NINTH CONGRESS

SECOND SESSION

ON

EXAMINATION OF THE DISCRETIONARY PROGRAMS TO BE REAUTHORIZED UNDER THE EDUCATION FOR ALL HANDICAPPED CHILDREN'S ACT WHICH EXPIRES THIS YEAR

FEBRUARY 4 AND 21, 1986

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REAUTHORIZATION OF THE EDUCATION OF THE HANDICAPPED ACT, DISCRETIONARY PROGRAMS

TUESDAY, FEBRUARY 4, 1986

U.S. SENATE,
SUBCOMMITTEE ON THE HANDICAPPED,
COMMITTEE ON LABOR AND HUMAN RESOURCES,
Washington, DC.

The subcommittee met, pursuant to notice, at 9:35 a.m., in room SD-430, Dirksen Senate Office Building, Senator Lowell Weicker (chairman of the subcommittee) presiding.

Present: Senators Weicker, Stafford, Nickles, and Simon.

OPENING STATEMENT OF SENATOR WEICKER

Senator WEICKER. The committee will come to order.

We are here this morning to begin hearings on the reauthorization of the discretionary programs within the Education of the Handicapped Act which expire this year. These programs are an integral part of the Nation's efforts to maximize the potential of handicapped children and youth. They provide for the training of educators, parents, and researchers, authorize early childhood intervention programs, postsecondary education programs, and services to the most severely handicapped children.

We are looking today at programs that work; programs that change the lives of handicapped children and their families and enable handicapped children to become independent and productive adults.

Studies have clearly demonstrated the economic and educational benefits of these programs, such as preschool education for handicapped children. It is widely recognized that the earlier intervention begins, the higher the level of achievement realized by the handicapped individual, and the greater the ultimate dollar savings.

The timing of this hearing is particularly significant in light of the passage of Gramm-Rudman-Hollings and the imminent release of the President's fiscal year 1987 budget. While I have not yet seen the specific figures recommended for each of the programs we are reviewing today, reports indicate that significant cuts, in some instances up to 25 percent, will be recommended.

I will be examining those figures indepth when they are available, and with each program I will assess the impact of proposed cuts on the handicapped children who look to the Federal Government for support.

The fervor surrounding deficit reduction will not distract this committee from focusing on the future. We will not allow the programs that represent our soundest investments to suffer the gradual death of underfunding. The short-term savings realized through proposed cuts would be dwarfed by the long-term costs of dependence of handicapped adults.

There is no better investment society can make than investment in human potential. We cannot allow the world's richest nation to turn its back on our greatest resource, the potential of all our citizens. To trade a deficit of dollars and cents for a deficit of human achievement is an arrangement of defeat for all.

Today's witnesses will share with us the impact these discretionary programs have on the lives of our Nation's handicapped children and hopefully recommend improvements for the future.

We will hear testimony from the administration, and from the National Council of the Handicapped on all the discretionary programs authorized under the Education of the Handicapped Act. Panels to follow will focus on early intervention, personnel preparation, and parent training.

On February 21, we will hold a second reauthorization hearing on the remaining discretionary programs.

I would like to submit for the record a paper written by Charlotte Fraas of the Congressional Research Service, on "Preschool Programs for the Education of Handicapped Children," which we will place at the end of the printed record.

I also have a statement to be included in the record at this point from Senator Robert Stafford.

Our esteemed chairman, Senator Hatch, will not be able to attend the hearing this morning, but he would like to submit a statement for the record, and that will be done at this point of the record

[The opening statements of Senators Stafford and Simon and the prepared statements of Senators Hatch and Kennedy follow:]

OPENING STATEMENT OF SENATOR ROBERT T. STAFFORD

Senator STAFFORD. It has been 10 years since Congress enacted Public Law 94-142, the Education for All Handicapped Children's Act. In that time, school districts around the country have opened their doors to children and youth with the full range of handicapping conditions. Each year over 4 million children receive special education services in our public schools. In this 10th anniversary year it is important that we applaud this progress. The hearing today is a reminder that our work is not yet done.

The discretionary programs that we will examine today provide the necessary funds to make sure that services to handicapped students around the country are of the highest quality. These programs support research, disseminaton of new practices and new technologies, and the training of specialists in the field of special education. These are vital adjuncts to the basic assurance of a free and appropriate public education that Public Law 94-142 mandates.

When the discretionary programs were reauthorized 3 years ago, services to handicapped children were made optional from birth under the Preschool Incentive Grant Program. The value of early intervention in the lives of disabled infants is well documented. I support Senator Weicker in his interest in further expanding services from birth under the mandate of Public Law 94-142.

I look forward to hearing from today's witnesses about current accomplishments as well as suggestions for how services can be enhanced in the future.

OPENING STATEMENT OF SENATOR PAUL SIMON

Senator SIMON. Mr. Chairman, I want to commend you for continuing your leadership in looking at the Education of the Handicapped Act and ways in which we can improve upon a successful Federal program.

Last year we celebrated the 10th year anniversary of Public Law 94-142, and focused upon the overwhelmingly positive effects of the act. This year, during the reauthorization process, we have the opportunity to do fine tuning, to fill in the remaining gaps in programs, to determine if there are unmet needs that should be addressed at the Federal level.

In this year of Gramm-Rudman, and our necessary efforts to reduce the potentially disastrous Federal deficit, it will be important for us to keep in mind one important fact as we look at reauthorization of the Education of the Handicapped Act: The funds that we spend on educating handicapped children are an investment that helps us reduce our deficits well into the future.

When this administration tried in 1982 to put the Education of the Handicapped Act in a block grant and cut funding by 50 percent, I joined my colleagues in a bipartisan effort to prevent it. In a letter to the President, we quoted the mother of a severely handicapped child who was about to graduate from high school:

> His specialness has cost the taxpayers about $44,000 so far * * * By getting the help he needs now, he will not later need SSI, special housing, food stamps, Medicaid, and other assistance. He will earn at least $80,000 if he works for 40 years at minimum wage. That is nearly double what he has cost society. And society will realize an additional saving, $4 million—the current cost of institutionalizing a handicapped person for life.

As I look at the witnesses who will testify, I note that we will hear about the need to expand the coverage of Public Law 94-142 to children from the time they are born. This is a remaining area of need, recognized by the National Council on the Handicapped in its recent report to Congress. As the Department of Education states in its annual report, "Studies have shown that the earlier intervention is started, the greater is the ultimate dollar savings and the higher is the rate of educational attainment by these handicapped children."

Some 42 States provide services to some children of preschool ages; only 19 States mandate services to all handicapped children ages 3 to 5. In Illinois, services to preschool children are sporadic, and scattered around the State. In an effort to come up with a suitable interagency model to service preschoolers, the State recently established eight service sites. But there is a great deal more that needs to be done, and I hope we can provide some assistance from the Federal level.

Again, I thank you, Mr. Chairman, for giving us the opportunity to hear these witnesses. I look forward to learning from them.

PREPARED STATEMENT OF SENATOR ORRIN HATCH

I am pleased to comment on the reauthorization of discretionary programs in the Education of the Handicapped Act. I regret not being able to attend, but pressing responsibilities require that I be in Utah today. However, under the outstanding leadership of Senator Weicker, I am certain the members of this important committee will carefully consider the testimony to be presented.

I am particularly disappointed not to be here today to introduce four of the witnesses from Utah who will testify on a very important part of the Education of the Handicapped Act, secondary special education and preparation for transition from school to adult services.

Each year between 250,000 and 300,000 special education students leave the public schools and enter a complex service system that is poorly focused, unconnected and often overlapping. This system has no single agency assigned to take the lead responsibility for there is no specific federal legislative mandate. Eligibility for needed services varies widely between different programs. Unfortunately, the type of service an individual received is often dependent on the willingness and tenacity of parents to seek, discover and demand needed services. Current services to handicapped adults focus primarily on health care through Medicaid and on income maintenance through the Social Security system. In many situations, fear of losing these benefits represents the major disincentive to the handicapped individual and his or her family to train for and seek gainful employment. In this way they are in fact prevented from obtaining the independence and self-sufficiency that is the cornerstone of the Education of the Handicapped Act.

One of the most important discretionary programs of the Education of the Handicapped Act is transitional services and supported employment. Four Utah witnesses: two professionals, a parent and a handicapped young man will testify on behalf of the need for these services. I want to welcome them here and have asked my staff to ensure that they are received cordially and that we hear what they have prepared to share with us.

I want to complement the outstanding work of the senators on this committee. Over the past several years we have made great strides in providing educational and health services to handicapped children. But handicapped children like all children grow up. Many have now aged out of our public schools and are not now eligible for children services. The task we have before us now is to identify, design and provide the services handicapped youths and adults need to help them obtain increased independence and to participate as fully in our society.

PREPARED STATEMENT OF SENATOR EDWARD M. KENNEDY

Mr. Chairman, Congress is charged with an important goal for 1986—to extend for three years the eleven discretionary programs under P.L. 94-142, the Education For All Handicapped Children Act, and we are here today to begin the process of reaching this goal. I am anxious to complete consideration of these important programs this year so that we can ensure that the valuable services provided through the eleven discretionary programs will continue.

I welcome all the hearing participants and I would like to extend a warm welcome to Martha Ziegler who is testifying before the Subcommittee today. Martha is the Project Director of the Technical Assistance for Parents Programs and the Executive Directors of the Federation for Children with Special Needs. I am proud to say that Martha is a Massachusetts constituent and has devoted much of her time and unwaivering energy to children with special needs and their parents, not only in my home State but across the Nation. I look forward to her testimony.

I would like to thank Chairman Weicker for holding this hearing and for his tireless efforts to provide for and protect programs for the disabled. He is truely the champion and defender of P.L. 94-142 in these times of limited funding. And, Senator Stafford, as one of the founding fathers of this landmark legislation, displays a commitment to individuals who are disabled that is an example to us all.

During Senate consideration of the EHA discretionary programs, it is my hope that we will carefully consider certain issues that are of great concern to me. First, I am deeply disturbed by the Administration's proposal to postpone reauthorization of these programs for one year. I fail to understand why these programs suddenly need to wait for reauthorization. Did we not just celebrate the 10th anniversary of P.L. 94-142 at which time the Administration heralded the success and the importance of this legislation? I refuse to accept the Administration's proposal of inaction and call on all the members of the Subcommittee to work together to reauthorize these discretionary programs swiftly.

Second, I would like to express my support for making special education and related services available to all children beginning at birth. Early intervention services have proven to result in greater educational achievement of handicapped infants and young children. The need for these services was most recently reaffirmed by the National Council on the Handicapped report to the President which included a recommendation for amending P.L. 94-142 to make services available to handicapped children beginning at birth.

Lastly, I ask that Senator Weicker and all members of the Subcommittee work to investigate the problems that are developing among several states in regard to the 12% cap on the Federal contribution to educating our country's handicapped children. Massachusetts has most recently experienced some hardship in this area and many more States are anticipating similar problems over the next few years.

The Education for All Handicapped Act mandates that every child regardless of their individual differences has the right to a free and appropriate public education. By reauthorizing the eleven discretionary programs under P.L. 94-142, Congress reaffirms its historical commitment to educating all our young citizens who are handicapped.

Senator WEICKER. Let us begin with our first witness, Ms. Madeline Will, Assistant Secretary for Special Education and Rehabilitative Services, with the U.S. Department of Education.

Madeline.

STATEMENT OF MADELINE C. WILL, ASSISTANT SECRETARY FOR SPECIAL EDUCATION AND REHABILITATIVE SERVICES, U.S. DEPARTMENT OF EDUCATION, ACCOMPANIED BY PATTY GUARD, ACTING DIRECTOR OF SPECIAL EDUCATION PROGRAMS

Ms. WILL. Good morning, Senator.

I am pleased to be here today. I have with me Patty Guard, the Acting Director of Special Education Programs.

Thank you for this opportunity to testify on the reauthorization of the discretionary programs under the Education of the Handicapped Act. In addition, I want to report on several issues which are of special concern to Congress and the Department of Education.

First, I would like to turn my attention to the reauthorization of the discretionary programs. The Department of Education strongly recommends that Congress allow these programs, which the act authorizes only through fiscal year 1986, to be automatically extended for 1 year under the General Education Provisions Act. The extensive changes affecting these programs which were made by the Education of the Handicapped Act Amendments of 1983, Public Law 98-199, were enacted only a little more than 2 years ago. Many of the regulations and funding priorities which were subsequently developed to implement those changes have been in effect for relatively little time. Consequently, we have less than 2 years' operational experience on which to judge how well the changes are working and whether additional amendments are needed. The additional year provided by the automatic GEPA extension will give us the necessary time to examine the effects of the 1983 changes and will provide us with a better basis for reauthorization recommendations next year.

I would like now to review with you the progress we have made in implementing the major provisions of Public Law 98-199, especially in the areas of services for deaf-blind children and youth, secondary school and transition programs, parent training projects, and special studies.

The Education of the Handicapped Act Amendments of 1983, which were signed into law on December 2, 1983, represented a significant change in direction for most of the discretionary programs authorized in the Education of the Handicapped Act. Many of these legislative changes reflected practices which had been occurring at the Federal, State, and local levels with respect to educating and serving handicapped children across the country.

This is especially true of the deaf-blind centers program authorized under part C of the act. The 1983 amendments shifted the Federal funding emphasis from the provision of direct services to deaf-blind children to the provision of technical assistance so that State educational agencies could develop the capacity to provide a free appropriate public education to all deaf-blind children, as they are required to provide to all children under the act.

Over the past 2 years, we have found that States are generally ready and willing to increase their responsibility for these children. In addition, we have established technical assistance projects to strengthen coordination between local, State, and Federal programs serving deaf-blind children. These projects are helping States develop transitional services for deaf-blind individuals who reach the age of 22, emphasizing the acquisition of skills necessary to live as independently as possible and to achieve their vocational and occupational goals.

The problem of determining an accurate national count of the number of children who are deaf-blind still exists. The definition of deaf-blind varies so much from State to State that it has been extremely difficult to reconcile conflicting counts of this population. Through our technical assistance project, however, we are helping States develop and clarify their definitions and are beginning to see positive results on this issue.

The 1983 amendments to part C also recognized the unique needs of special handicapped populations. Many severely handicapped young adults reach the age of 21 with few alternatives except institutionalization. Besides the deaf-blind program activities to improve programs for transition-age individuals which I mentioned earlier, a new program authority was added to part C to support research, demonstration and technical assistance in secondary education and transitional services.

Because service delivery coordination is also a major problem for this population, each year we have been funding projects to develop interagency policies, agreements and services at State and local levels. Of particular concern is the problem of determining the appropriate location of authority and responsibility for transitional services at the State level, since the organizational lines between special education, vocational rehabilitation, and mental retardation agencies often present obstacles to planning and service delivery.

Other activities we have supported include research projects to develop effective strategies and techniques for educating secondary and transition-age handicapped students. We are only now beginning to see results of the demonstration and research projects funded in fiscal years 1984 and 1985 under the revised part C authorities.

Several sections of the 1983 amendments recognize the important education role played by the parents of handicapped children. This role is most clearly recognized in part D under the Special Education Personnel Development Program, which sets aside 10 percent of each year's appropriation under that part for parent training projects.

Since 1984, 75 parent organizations in 38 States have received support under this authority. Also under part D, we are continuing to train teachers to serve children in other priority areas including handicapped infants, minorities, and transition-aged students.

To improve the information evaluating special education programs nationwide, Congress expanded the authority of the Special Studies Program. They directed the collection of many specific types of data according to disability and age group of those being served and on the number of children leaving special education programs. We have begun to collect this information and have also begun mandated studies on special education expenditures and the long-term effects of special education on handicapped children.

Considerably more information on the results of special studies activities will be available next year.

I would now like to address two special issues relating to our efforts to implement the Education of the Handicapped Act—early childhood education and specific learning disabilities.

The 1983 amendments to the Early Childhood Education Program effected significant program changes. Increasing evidence since 1983 shows that special education can provide major advantages to handicapped children and their families. While we have recently awarded a contract to establish a long-term research institute to provide additional data on the effectiveness of early intervention, research is only one way to improve early childhood services.

Under the 1983 amendments, Congress authorized another avenue by establishing the Early Childhood State Plan Program. It increased Federal support to State educational agencies to improve Statewide planning and coordination of all early childhood programs. Under this program, we provide technical assistance to State agencies to improve their planning processes.

We must, however, coordinate services at all levels of government—Federal, State, and local. The involvement of so many public and private service providers makes coordination difficult.

The increasing level of severity in handicapping conditions among this population is an additional complicating factor. High-quality factors for the early childhood age group are important for disabled and high-risk children. There is a need for community-based programs with emphasis on the family. An effort must be made to coordinate among Federal agencies that have responsibility for young children.

The Office of Special Education and Rehabilitative Services will continue to work with other agencies including the Division of Maternal and Child Health and the Administration on Developmental Disabilities in the Department of Health and Human Services.

We must have more information on the types of services States are providing, the numbers of children served, the kinds of agencies serving them, and the effectiveness of their own coordination efforts. It is premature to make recommendations on this issue until we have more data.

One approach we are taking is to establish demonstrations with selected States to test a coordinated, comprehensive planning process.

I want to report on the initiatives we have undertaken in response to congressional concerns regarding the education and development of learning disabled individuals. Specifically, in the conference report for the Department's fiscal year 1986 appropriations, the House and Senate conferees directed that OSERS review the effectiveness of the act in addressing the needs of the learning disabled and develop recommendations to improve its effectiveness and examine the criteria with which learning disabilities are identified.

The congressional concern reflects priorities of the Office of Special Education and Rehabilitative Services. In May 1985, we formally established as a top priority the improvement of education, rehabilitation, and employment outcomes for persons with specific learning disabilities. During the current fiscal year, each of the components in OSERS has established agency activities in six areas: First, to increase the awareness of the service needs of learning disabled children and adults; second, through research, to increase our understanding of basic learning processes and improve the criteria, procedures and methods used to assess specific learning disabilities; third, through demonstrations and technical assistance, to expand service options for individuals with specific learning disabilities, particularly in regular and vocational education settings; fourth, through monitoring efforts, to improve assessment procedures and techniques in State and local educational and service agencies; fifth, conduct training programs for special education and rehabilitation professionals and regular education teachers with learning disabled children in their classrooms to improve their ability to meet the needs of LD students; sixth, through a departmental task force and our involvement with the Interagency Committee on Learning Disabilities and Attention Deficit Disorders, convene experts from the field to develop specific recommendations for addressing a wide range of issues affecting the delivery of services to learning disabled children. Two meetings of this task force were held in Washington this past fall.

In response to congressional concern that we work with other Federal agencies in this initiative, we are examining ways to build upon the expertise of agencies such as the National Academy of Sciences to identify meaningful practices for identifying and classifying handicapped children as learning disabled. Under the direction of staff from the Office of Special Education and the National Institute of Handicapped Research, we intend to explore the most critical factors relating to services for learning disabled persons in particular: measurement techniques, instruments and standards; interpretation of measurement findings, and utilization of research findings.

We expect that the task force will work with multidisciplinary panels from the field. We will be reporting the findings and recommendations of these initiatives as they become available.

I would be glad to answer questions at this time.

Senator **Weicker**. I notice that my good friend, Senator Stafford, has joined us.

Senator Stafford, I have included your statement in the record, but would be glad to hear any further remarks you have.

Senator **Stafford**. Thank you very much, Mr. Chairman.

I am glad I have had an opoortunity to be here for a while. I have to defend the budget of the Environment and Public Works Committee, which I chair at 10:30 in front of the Rules Committee, so I will not be able to stay as long as I would like.

But I do take some pride in having been part of the group that brought 94-142 into being, and I want the people who are our guests here today to know that creating the law was only a small part of it. It is the force and intelligence and leadership that you have exhibited, both chairing this subcommittee and on the Appropriations Committee, that has made it possible for us to do as much as we have been able to for handicapped children, and I want them to know of your key role in this, Senator. And I am glad to be here with you.

Senator **Weicker**. Thank you very much, Senator Stafford.

I have a letter from Senator Kerry. He says, "Dear Lowell, I want to express my regret at not being able to attend Tuesday's hearing on the reauthorization of discretionary programs under EHA. As you may know, I will be traveling to the Philippines on that day."

And he asks that his statement and questions be placed in the record, and that will be done at this point.

[The prepared statement of Senator Kerry follows:]

PREPARED STATEMENT BY SENATOR JOHN KERRY

Good morning. I am delighted to welcome each of you to today's hearing on the reauthorization of discretionary programs under the Education of the Handicapped Act (EHA). I also would like to extend a welcome to Martha Ziegler a resident of Massachusetts who is the project director for the Technical Assistance for Parent Programs and executive director of the Federation for Children with Special Needs. Over the years Martha has displayed unfaltering determination and commitment to helping and advising handicapped children and their families. She has been on the cutting edge in devising innovative solutions to assist handicapped children and their families throughout the Commonwealth as well as throughout the country. Martha, it is an honor to have you with us today.

As we continue to celebrate the tenth anniversary of P.L. 94-142, let us commend its original drafters for their forward thinking approach, which has resulted in an effective system designed to promote education for all handicapped children. It is fitting that during this reauthorization process this committee take the same approach and continue to look to the future educational needs of all handicapped children.

The discretionary programs we discuss today provide a critical support system to enhance the educational services of more than four million children served under P.L. 94-142 across this nation. These programs establish a network which includes centers and services to meet special needs for the handicapped, such as Regional Resources Centers, Early Childhood Development Programs, Secondary Educational Programs, Transitional Services, Services for Deaf-Blind Children and Post Secondary Education Programs. The discretionary programs also include training of personnel in the education of the handicapped, research and demonstration projects, and instructional media for the handicapped.

These combined programs have resulted in an essential increase of educational services to the handicapped over the past ten years. They serve handicapped children ages birth to two years, three to five, and five to twenty-one years. Nineteen states have mandated delivery of services to three to five year olds and another twenty-three states over a portion of that population. Recent research has pointed to success. Early intervention appears to make a difference in the educational progress of "at risk" preschool children. We must be mindful, however, that as the population being served increases, so does the demand for funds to support it. Presently there exists a cap on the number of handicapped children to be used when determining a state's allotment of EHA funds. No state can receive funds for more than twelve per cent of their total school population ages five to seventeen. Five states are close to reaching or have reached this twelve per cent cap. Each of these states mandates preschool coverage as well as coverage after seventeen years of age. Thus, if we are to expand education to reach younger and older handicapped populations this Committee must address the allotment formula.

In looking at early intervention, the Committee should also speak to the need for greater interagency cooperation. Again, as we look into expanding the population served to include older and younger children, we must closely examine how the needs of this new population changes dramatically from age group to age group.

We have witnessed a host of breakthroughs to assist in providing handicapped individuals entrance into the mainstream of daily American life. Novel approaches have been implemented in physical education. Innovative high-tech discoveries have made once costly devices affordable, and research and development continues to offer us new answers.

The Education of the Handicapped Act establishes a mechanism that helps integrate our disabled children into our schools and communities, and helps parents and families understand what resources are available to them. It also establishes research and training so that future innovations can be developed to assist our handicapped children.

I look forward to today's testimony from our witnesses and want to reiterate the commitment of this committee to further strengthen the existing educational rights of the handicapped as well as to develop future strategies designed to enhance the lives of all disabled individuals throughout society.

Senator WEICKER. It is always an honor for me to share the platform here with Senator Stafford, because whatever efforts we make are nothing to the vision which he and several others had in creating the law.

Madeline, you state that the Department of Education strongly recommends a 1-year extension of the discretionary programs rather than a reauthorization bill. I confess that I am puzzled that after 2 years and 3 months of implementing the 1983 amendments in conjunction with the 15-year history of most of these discretionary programs, you have no recommendations to make about these programs.

Ms. WILL. I think we stated the administration's position as clearly as we could, that there are a lot of questions that we have about the programs that have been reauthorized.

We have much in the way of data yet to collect. We have much to learn from the demonstration projects and outreach projects that we have funded, and for those reasons would prefer to extend the act for another year.

Senator WEICKER. I suppose I would be more impressed if there were some alternatives that were being recommended. But I do not understand why we should put everything on hold for 1 year. I just do not follow that.

Where are the alternative recommendations? Are they sort of the same status of the report that I was supposed to have that is going to be about a month late in coming? I do not see that—if this were a defense matter, I have no doubt that you would not be asking for a 1-year hold. My God, we would all be rushing in here to do whatever was necessary.

Why—I do not understand. This administration has been in office for a long time. You have been in your position for a long time. This program has been ongoing long before the administration.

I do not understand why, knowing that this reauthorization was going to come up, why the administration is not prepared to go ahead and do it now.

Why do we have to wait a year?

Ms. WILL. In truth, because we do not have the kind of information that will allow us to offer to you clearly—articulated and defined provisions. We can point to areas of concern and potential problems and try to do that in the testimony. But were you to ask me today what specific provision do I have to recommend to you, say, in the area of early childhood, I honestly cannot give you——

Senator WEICKER. Well, let us take early childhood. You mention that. If I am not mistaken, we have a recommendation, if staff would correct me, from the National Council on the Handicapped—am I correct on that point—and if I am not mistaken, that mandate was given to the Council just a year ago. At that same time, these amendments were passed, so they have had longer than that; they have had the same period of time you have had. And they had a report which I received that had their recommendation, which clearly is to extend this law to birth.

Why are they so much faster than the administration in that regard, on this particular item which you raise? Why should they have a recommendation, and you do not?

Ms. WILL. Well, they have a recommendation, as I understand it, which urges the development of more services to the population of zero to 5, which is a recommendation that the administration supports. We are trying to encourage the services providers at the State and local levels to serve more youngsters in that age range.

But as I understand it, you are asking for much more specific kinds of provisions, more than just general recommendations. And again, we want to stress the importance of having adequate data. We are funding a longitudinal study, and it will not be complete. We will not have for you this spring anything but preliminary data.

Senator WEICKER. I would like to know how much of your failure to have positions on these matters is due to a general administration directive that there should be no new programs this year and how much is due to actually a lack of knowledge.

Ms. WILL. I think it is due very little to concerns about new programs. We had a number of meetings and discussions at a number of levels in the Department, trying to think through the various discretionary programs and what might possibly be suggested to Congress. And we are giving you the best advice that we have been able to come up with.

Senator WEICKER. I notice on the National Council on the Handicapped, their specific recommendation here is: "Congress should amend the Education for All Handicapped Children Act to encourage States to make available free appropriate public education to every disabled child from birth through age 21."

And they say, "To effectively serve children with disabilities, equal educational opportunity under Public Law 94-142 as amended should be extended to all children beginning at birth.

"A report by the staffs of Congressmen Coats and Miller stated that very early intervention services which benefit children and their parents result in significant tax savings in the long run because of reduced special education expenditures in later years.

"The proposed amendments should include the following provisions: (a) State agencies should be the lead and coordinating agencies for the services * * *," and then it goes on.

Now, the National Council on the Handicapped, I go through the names, and there are very eminent names, and certainly, they are ones that are closely associated in some instances with President Reagan and the administration, so this is not something that was ginned up by this committee. And I really do not follow as to something as urgent as this, not only in terms of the educational process, but in terms of the very matter of deficit reduction, which everybody is concerned with, why we have to wait around a year for further studies of your Department. I think you should be in the lead on this.

Ms. WILL. Well, we are moving as expeditiously as possible, and we want to provide recommendations to you, but we want them to be as specific as possible and as valid as possible. In terms of the recommendation you just read regarding establishing the special education agencies as the lead agencies, I would right offhand tell you I disagree with that.

I think that there is a very serious question about the coordination of services among the host of service providers at the local and State level, and it is not clear, often, how localities define special education programs. Sometimes, they are primarily services that are medical in nature, and other times they are special education in nature. And it is, I think, nonproductive for the Federal Government to designate a lead agency. We have had this problem in other areas and in the area of transition, and we are asking for cooperative planning at the State level, and I think that it is working.

Senator WEICKER. Well, I am going to close out so my colleagues can ask a couple of questions, and then I will have further ones on the second round.

But first of all, let us establish one thing, and just so that there is no misunderstanding as to the time schedule. These programs are up for reauthorization this year. These programs are either going to be reauthorized, or they are not going to be reauthorized this year.

I will not accept, in other words, a 1-year extension postponing the job that is incumbent upon us until after the election this year. This legislation is not supposed to have anything to do with who gets elected and who does not. It is supposed to have to do with helping a great number of people. This is when it was supposed to be reauthorized, and this is when it will be reauthorized.

So you had better start getting your facts and figures in a hurry and start making your recommendations.

I want to say this right now. I would prefer to do this job with the administration, with your input. But if you have no input for 1 year, too bad. The train will have gone out of the station.

Now, I suspect this is not going to be any different than every other piece of legislation that we have in this area. It is going to be like pulling hen's teeth vis-a-vis the administration. But it will proceed.

And I have a feeling also, I might add, I dare say there are not many Congressmen or Senators who are going to want to go into a reelection year, having taken the position that this legislation ought to be postponed for 1 year. Everybody is going to have a chance to up-and-down vote on the reauthorization legislation.

So I would hope again, and I repeat, that we can do this with complete input from the administration. Nobody is going to freeze anybody out, but I will not accept a 1-year extension.

Senator Stafford.

Senator STAFFORD. Thank you, Mr. Chairman. I agree with the comments and questions you have raised. I have no questions at this time, but I would appreciate it if I might have the right to submit some questions in writing.

Senator WEICKER. Fine.

I see we have been joined by Senator Nickles, who has had very valuable input in many pieces of legislation that have come before the committee during his tenure on it, and I welcome him here this morning.

Senator Nickles, if you have any questions, please proceed.

Senator NICKLES. Thank you, Mr. Chairman.

Madeline, I appreciate your comments, and following up on what the chairman said, this legislation needs to be reauthorized this year—and I apologize that I missed the first part of your statement—but you only want it to be extended to 1 year—what, to assess how successful it has been, and then to make a decision later—is that correct?

Ms. WILL. Yes, to provide opportunity for the collection of more data findings. It takes awhile to develop the regulations after a reauthorization, and then to get the projects up and to have them in a position where they are reporting back to us data that is useful.

Senator NICKLES. When the legislation originally passed in 1983, it was authorized for 3 years; is that correct?

Ms. WILL. Yes.

Senator NICKLES. Is it your feeling that the legislation has been beneficial?

Ms. WILL. Yes. Oh, yes. It was very interesting, and significant changes were implemented.

Senator NICKLES. And those have been very helpful to the handicapped community?

Ms. WILL. Yes.

Senator NICKLES. You know that to be the case. Why is it necessary to accumulate additional data if you feel it has been successful? We communicate quite often with the Oklahoma handicapped comminity, and I have not gotten all the feedback from them, but if it is pretty supportive in the handicapped community, and experts like yourself say that it has been beneficial, what would be the problem with—is the chairman looking for a 3-year reauthorization or 4 years——

Senator WEICKER. Three.

Senator NICKLES. Three years. What would be the problem with a 3-year reauthorization instead of a 1-year postponement, and then you would probably be in the same situation next year.

Ms. WILL. Well, because we think that there are refinements that need to be made. I am not aware of huge problems, or glaring problems that need to be addressed. It is more a question of improving and refining the changes that were made in 1983, and we just do not have the specific information that will allow us to do the kinds of proposals that the Congress would want.

Senator NICKLES. Would another alternative be, in view of the chairman's interest and probably all those in this committee and in the Senate and the House, would another alternative be the reauthorization, and after your analyses are complete, if you find some technical amendments or other amendments that you feel like would be advantageous, maybe to bring those up at that time and then have Congress address those when those changes are apparent, or that you would feel like would be needed.

Ms. WILL. Well, our position is that we would prefer the year's extension, but that is certainly a question that I would like to ask the Department.

Senator NICKLES. I thank you, and I appreciate the work that you have done. You have a difficult job and a big challenge before you, and also, I think, a great opportunity to help a lot of people that we want to help. And hopefully, we will be working together, as the chairman said, and not in a confrontational role, but one where we are pulling together to try and help those who have been less fortunate than we are and handicapped in some areas.

So I compliment the chairman for the hearing today, and I am hopeful that maybe we can get around this 1-year extension or reauthorization. I would expect that reauthorization would go quite quickly or easily through the Congress.

Thank you, Mr. Chairman.

Senator WEICKER. Thank you, Senator Nickles.

I have several questions for response to the record, and I am going to ask one more here at the hearing. We do have a number of panelists, and I want to get to that, Madeline. We will have plenty of time to sit down with each other on the matters that need to be accomplished, so I do not want to take up more of your time.

The one question I do have here is that we have an ongoing vacancy in the Director's position. Throughout this administration, there have been no permanent Directors of special education program for all but a few months. In fact, there have been four Acting Directors in less than 4 years.

Now, would you like to tell us what the problem is and when the position is going to be filled?

Ms. WILL. I am sorry—what was the last part of the question?

Senator WEICKER. Well, as the chronology of Directors, we had Ed Sontag who was the Acting Director; then we had Gary McDaniels, who was the Director; then Joan Stanley was Acting Director;

Wendy Culler was Acting Director; Patty Guard, Acting Director, and Patty is with us here today.

Now, what is the problem? It seems to me it is a pretty damn important position and deserves a permanent Director, not an Acting Director.

Ms. WILL. Well, I can assure you that we are continuing to recruit. We are looking for a qualified, competent person to fill that position.

But in the meantime, I can tell you that I have the highest regard for Patty. I think she has done——

Senator WEICKER. Then, fine. Make her the permanent Director; go ahead. I am not arguing with Patty. There is no argument with Patty.

I just think it is very indicative of an attitude in this administration. Believe me, if this were the Assistant Secretary of Defense, it would have been filled just like that.

Do you want me to go ahead and do the search for you? I would be glad to. I am sure there are a multitude of people out there, well-qualified, and indeed, Patty being one of them.

Why are we waiting on the permanent Director?

Ms. WILL. Because we wanted to engage in a very extensive search, and, I think, we will——

Senator WEICKER. When are we going to have a permanent Director? Do we want a 1-year extension on this one, too?

Ms. WILL. As soon as that is possible.

Senator WEICKER. Obviously, you must have some idea how close you are to going ahead and filling this. When are we going to have the permanent Director?

Ms. WILL. Well, Senator, I cannot give you an answer to that. I do not know when. One, the decision has not been made. Two, there would have to be a clearance process, and the length of time involved is not always predictable. If you would like, I will go back and——

Senator WEICKER. Is this your choice?

Ms. WILL. No. I would like to——

Senator WEICKER. I mean, is this your choice—are you the person who can appoint this person?

Ms. WILL. Yes, yes, with consultation with Department officials and the White House.

Senator WEICKER. How long has Patty been the Acting Director?

Ms. WILL. Since April 12.

Senator WEICKER. How long has it been since our last Director, Gary McDaniels? How long have we had an acting? When did he step down?

Ms. WILL. 1983.

Senator WEICKER. 1983. For 3 years, there have been Acting Directors.

Well, again, I just think that it is indicative; it manifests the administration's priorities when this position is not filled. And I see no reason why it should not be filled immediately, immediately. And if Patty is everything that you say she is—and I have no reason to believe that she is not—make her the Director. But let us get a Director in. I think it sends a very clear cut signal as to what this administration feels about this area.

I find it a little bizarre. I got an invitation the other day to attend the White House celebration in the Rose Garden or wherever, of Public Law 94-142. And the reason why I find this a little bizarre is that, of course, this administration, as one of its initial moves, tried to cut Public Law 94-142, tried to eliminate it. And then, thanks to Congress, thanks to the constituencies served and others, the American people, they found that to be impolitic, and so it was not gutted. And yet they have the gall—and I might add, that is the polite word—to go ahead and have a ceremony celebrating Public Law 94-142.

Now we come along here, and here is the Director of special education program, and we have not had one for 3 years. Now, I think, that really speaks to whether or not the heart of this administration is engaged in this business that you and others are engaged in. I do not understand it. I truly do not understand—unless somebody feels, hey, do not fill it, because really, this whole problem is going to go away, and we are going to block grant it, or some other situation is going to take place where we do not need this bureaucracy. If anybody needs their permanent Director, I would say it is the special education programs and the people who are served by special education programs in the Nation.

The next hearing on this matter is on February 21. And I can assure you that if you think I have been tough on this issue today, wait until we come to February 21, and there is no Director. I am going to have every bit of the media and everybody else in here to understand exactly what is going on. There is no excuse for this.

I have further questions that will be submitted to you for the record.

[Responses by the U.S. Department of Education to questions submitted by members of the Subcommittee on the Handicapped follow:]

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF THE ASSISTANT SECRETARY FOR LEGISLATION AND PUBLIC AFFAIRS

February 21, 1986

Senator Lowell P. Weicker
303 Hart Senate Office Building
Washington, D.C. 20510

Dear Senator Weicker:

Attached are the U.S. Department of Education's answers to questions submitted by Members of the Subcommittee on the Handicapped to Madeleine Will following the February 4th hearing on the reauthorization of the Education of the Handicapped Act, Discretionary Programs.

Sincerely,

Frances Norris

Frances Norris
Acting Assistant Secretary

400 MARYLAND AVE. S.W. WASHINGTON D.C. 20202

FISCAL YEAR 1984 MONITORING ACTIVITIES

Senator Weicker: The Seventh Annual Report to Congress states that: "when areas of noncompliance are identified, the State prepares a Voluntary Implementation Plan which is reviewed by SEP, then closely monitored until the State has submitted sufficient documentation to assure that the changes have been made." In addition, the Report specified 12 areas of noncompliance with EHA-B requirements for the 13 States visited during FY '84.

What is the current status of each State with respect to each area of noncompliance?

In areas of noncompliance what is the current status of SEP monitoring activity?

Answer: The areas of noncompliance, and the status of each State with respect to achieving compliance, is as follows:

State	Areas of noncompliance and status
Arizona	Voluntary implementation plan (VIP) received in May 1985. Monitoring: resolved. Local educational agency (LEA) applications: unresolved; under discussion with SEA.
Idaho	VIP received in July 1984. State advisory panel: resolved. Monitoring: resolved. General supervision: resolved. LEA applications: unresolved; under discussion with SEA. IEPs: unresolved, under discussion with SEA. Administration of funds by LEAs: unresolved; under discussion with SEA.
Illinois	VIP received in March 1984. Complaint management: resolved. General supervision: resolved. Free appropriate public education (FAPE): resolved. Procedural safeguards: revised plan under review in OSERS. Participation of private school children: resolved. Placement in private schools: resolved. State-operated programs: resolved.
Montana	VIP received in May 1984. General supervision: resolved. LEA applications: unresolved; under discussion with SEA. Procedural safeguards: resolution pending enactment of proposed rules which change procedures. State-operated programs: resolved.

New Hampshire	VIP received in February 1984. General supervision: resolved. Free appropriate public education: resolved. State-operated programs: resolved.
North Carolina	VIP received October 1984. Least restrictive environment: unresolved; under discussion with SEA.
North Dakota	VIP received March 1984. State advisory panel: resolved. Complaint management: resolved. Monitoring: resolved. General supervision: resolved. LEA applications: resolved. State-operated programs: resolved.
Puerto Rico	Monitoring has focused primarily on developing a Voluntary Implementation Plan which meets the criteria set forth by advocates, SEA staff, and Department staff. The basic components have been communicated to the SEA, and we are now awaiting submission of the final plan. Additional technical assistance is being planned for Puerto Rico in the near future.
South Dakota	VIP received in May 1984. State advisory panel: resolved. LEA application: unresolved; under review by OSERS.
Utah	VIP received in September 1984. State advisory panel: resolved. Complaint management: resolved. Participation of private school children: unresolved; under discussion with SEA.
Virginia	VIP received in February 1985. General supervision: VIP under review by OSERS. Least restrictive environment: under review. State-operated programs: under review. LEA applications: under review. Monitoring: under review.
Washington	VIP received in May 1984. Complaint management: unresolved; under discussion. LEA applications: unresolved; under discussion with SEA. General supervision: resolved. Monitoring: resolved. State-operated programs: resolved.
Wisconsin	VIP received in February 1985. Monitoring: unresolved; OSERS awaiting confirmation of compliance from SEA. General supervision: resolved. LEA applications: Unresolved; OSERS awaiting confirmation of compliance from SEA. Procedural safeguards: Resolved.

Senator Weicker: Please attach a copy of the current Memorandum of Understanding between the Office of Civil Rights and the Office of Special Education.

Answer: The Memorandum of Understanding (MOU) is being revised and updated. It is approximately ninety percent complete, and, as indicated in a January 10, 1986 letter from the Secretary to Congressman Pat Williams, we are awaiting the arrival of a new Assistant Secretary for Civil Rights before the MOU is finalized. The President has nominated Barbara Lerner to the position of Assistant Secretary for Civil Rights. We believe that, if confirmed, she should have the opportunity to review a policy document of this nature which commits the office's resources. Completion of the MOU will remain, however, a high priority for OCR and OSERS. When it is final, we would be happy to supply the committee with a copy. Please be assured, however, that OSERS and OCR are continuing to coordinate their investigative and compliance efforts to the fullest extent.

Senator Wiecker: As you know, in the summer of 1985 the Office of Civil Rights found a series of violations of P.L. 94-142 in Alabama.

What is the current status of compliance regarding these violations? How have you worked with OCR in monitoring these violations?

Answer: In response to a complaint filed with the Office for Civil Rights (OCR) under Section 504 of the Rehabilitation Act of 1973, OCR issued a letter finding that the State of Alabama had violated Section 504 and that the State had put in place a process for correcting the violation. The violation implicated each of over 120 local educational agencies (LEAs), and the State agreed to seek improvement plans from all LEAs in which problems were found. The State continues to work with the LEAs, and has accepted plans from almost one half of the LEAs in question. Based on the State's findings and the improvement plans it obtained, OCR has issued "violation corrected" letters to all LEAs whose improvement plans were acceptable to OCR. This process is continuing. OCR continues to keep us informed of the progress on this case.

Senator Weicker: In October 1985, I requested that you actively pursue a complaint made to you regarding violations of PL 94-142 in the State of Georgia. In November, 1985 you responded that your staff was in communication with officials from the Georgia State Department of Education. It has now been seven months since the original complaint was filed with your office.

Please provide me with a detailed update of your investigation. Have you determined that Georgia is in violation of P.L. 94-142? If violations were found, what action has been taken by the Department of Education?

Answer: The Office of Special Education and Rehabilitative Services (OSERS) has reviewed a series of complaints with respect to the placement of severely handicapped children in the State of Georgia. We have not made a determination of noncompliance. The Georgia State Department of Education has agreed to cooperate with OSERS and to conduct, jointly with our office, a review of the placements of approximately 300 handicapped children. Georgia has also agreed to work with OSERS to resolve all problems identified in the investigation.

The Georgia SEA has now requested the files of the 300 handicapped children for review by both Georgia SEA and OSERS staff. We will review the information collected and move rapidly to resolve identified problems.

Senator Weicker: As you know there are currently parent training centers in 36 States. When do you anticipate that every State will have a parent training center?

Answer: It is very likely that every State will have a parent training project within the next two years. We are actively encouraging all States to apply for these funds through the Technical Assistance to Parents Project (TAPP) which provides assistance to parent groups in all States, including those which do not have a parent project grant.

Senator Weicker: How are parents informed of the existence of the parent training center and its services?

Answer: Parents hear of parent training center services in several ways:

1) Through the National Information Center for Handicapped Children and Youth, supported under the Recruitment and Information Program;

2) From the service organizations to which they may belong (such as United Cerebral Palsy) or which make up the Parent Training Center Coalitions;

3) From school and other public agency personnel;

4) From the TAPP Project Newsletter, which is disseminated directly to many parents and indirectly through the major coalition groups across the country.

Senator Weicker: Wouldn't it make sense for school personnel to inform parents of the training center at their child's I.E.P. meeting?

Answer: Yes, it makes very good sense for school personnel to tell parents about the Parent Training Centers, and many of them do, routinely. At the Spring Meeting of the National Association of State Directors of Special Education (NASDSE), there will be several joint presentations by parent leaders and State Directors, who have been working productively together. The Technical Assistance to Parents Project (TAPP) has actively sought greater participation by State and local educational personnel, and they have received a positive response to their overtures.

Senator Weicker: For the last three years the President's budget has recommended cutting funds for personnel preparation by 32% in 1984, by 32% in 1985, and by 18% in 1986. The Administration's 1986 budget request stated that "The number of special education teachers is growing at a rate over 1-1/2 times as fast as the growth rate for handicapped children served." Yet a 1985 report from the National Center for Education Statistics documents that Special Education teachers are in greater shortage that any other category of elementary or secondary teachers. How do you plan to address this shortage?

Answer: NCES data indicate that special education teacher shortages exist and are likely to continue in the near future. The shortage of special education teachers is second only to shortages of bilingual teachers on a national basis. However, these same data indicate that almost 40% of newly qualified special education teachers who graduated in 1983 were either not teaching or teaching in areas other than special education. The literature suggests that the teacher shortage involves such factors as low salaries, poor working conditions, especially the stress of teaching handicapped children, interstate certification, and a number of additional issues other than teacher supply. The EHA training program is only one part of the solution to this complex problem.

Under the Personnel Preparation program, we will continue to attempt to address areas of greatest need. Also, under the special projects competition, we support activities designed to maintain and increase the quality of special education teacher training.

Senator Weicker: In 1983 Congress established Secondary and Transitional Services as a new discretionary program to assist youngsters who leave special education in their entry into the adult world. One of the critical aspects of this transition is that school personnel work with adult services personnel to ensure that the needs of the handicapped young adult are met.

How are these programs accomplishing this?

Answer: The Secondary and Transitional Services program addresses the need for cooperation between school personnel and adult service personnel in several ways. Through cooperative model projects, grantees plan and develop cooperative activities among State, intermediate, or local educational agencies and adult service providers to facilitate effective planning and program development to meet the service and employment needs of handicapped youth as they leave school. Adult service agencies include vocational rehabilitation, mental health, mental retardation, community recreation and leisure programs, public employment, community colleges, centers for independent living, and private employers. Twenty-four cooperative model programs are currently being supported under this program, and another twelve are being planned for Fiscal Year 1986.

The demonstration projects, in addition to the cooperative models, are assisting handicapped youth gain access to adult services, in the demonstration sites where actual services are being supported by the projects. Community service providers often lack solid funding sources and therefore tend to target programs toward individuals who can pay for the service, either on their own or from other public sources. Unfortunately, individuals leaving public school programs often find themselves in a "second priority" status for community services, behind individuals from institutions who are undergoing deinstitutionalization. Very often individuals who are in State institutions and/or under the care and custody of State agencies become the target population for expanded community services.

Federal discretionary program funds have been a factor in the improvement of coordination between educators and adult service providers. Adult services personnel are often reluctant to work closely with school personnel because they do not see those who leave school as a priority for their services. Until responsibilities for community based services to those leaving public school become better defined we expect that some of the problems with coordination and cooperation between school personnel and adult service personnel will continue.

Senator Wiecker: Should vocational rehabilitation or other adult services personnel be required to attend a special education student's final IEP (individualized educational placement) conference?

Answer: In many cases, adult services providers should be involved in the planning process several years before the student's anticipated exit date. In some local agencies, vocational rehabilitation counselors are routinely involved in the IEP process, and we would encourage other service providers to adopt this practice. The degree and timing of involvement of these personnel will depend on the need of the individual student for continued programs and services.

Senator Weicker: How are these programs coordinated with the special demonstration programs under the Rehabilitation Act?

Answer: Coordination is accomplished in two ways. Internal coordination is maintained through information review and exchange between the Rehabilitation Services Administration and Special Education Programs staff. Externally, coordination among the projects is maintained through the Secondary and Transition Intervention Effectiveness Institute funded under the Secondary Education and Transitional Services Program. As a part of the funded activities, the institute includes the rehabilitation demonstration projects in its meetings and other technical assistance activities. This results not only in the provision of technical assistance, but also in information exchange and coordination.

Senator Kennedy: In your testimony you recommend that the eleven discretionary programs under P.L. 94-142 which are due to expire at the end of Fiscal year 1986 be automatically extended for one year under GEPA. The reason you cite for requesting this extension is the lack of data and "operational experience on which to judge how well the 1983 changes are working and whether additional amendments are needed". Please list the discretionary programs which you feel you need further information on and describe in detail the types of information you feel you need for each of the above listed programs in order to reauthorize them.

In your testimony you describe the progress you have made in implementing P.L. 98-199 particularly in the areas of services for deaf-blind children and youth, secondary school and transition programs, parent training projects, and special studies. However, you failed to discuss the other seven discretionary programs that are currently authorized under P.L. 94-142. Please desribe in detail the progress you have made in implementing the six other discretionary programs to date, regardless of the further information you hope to obtain in the coming year.

Answer: In my testimony I addressed the progress and our information needs regarding three of the eleven discretionary programs: Deaf-blind centers, Secondary and transitional services, and Early childhood education. Our information needs regarding the remaining discretionary programs relate primarily to the effectiveness of specific strategies and projects funded since 1983. Because of the 3-year cycle of most of the grant programs, the first cycle funded since the passage of the 1983 amendments will not be completed until fiscal year 1987. Consequently, a substantial amount of relevant information will be available for reauthorization in 1987.

As indicated below, these needs vary considerably from program to program. Measures such as number of persons benefiting or served are more available for service-oriented programs such as captioned films and the information centers under the Recruitment and Information program, than for other programs, such as training, demonstration, and research. We are obtaining information on these programs in a number of ways: review of interim and final reports submitted by projects; continued monitoring activities; and review of information collected by the technical assistance projects funded in various programs including Deaf-Blind, Early Childhood, Personnel Development, Media Services/ Technology, Secondary and Transition Institutes, and the Regional Resource Centers.

Also, in accordance with Section 627 of EHA, OSERS is conducting an on-going evaluation of EHA programs through a contract with COSMOS Corporation. Over the next 14 months, five discretionary programs will be systematically evaluated with regard to progress toward legislated goals, and effectiveness of program strategies chosen to implement the program goals.

In addition to the information needs on the three programs outlined in my testimony, information needs exist in the remaining eight discretionary programs. These needs and our progress in implementing these programs are discussed below.

1. Severely handicapped projects. The 1983 amendments added specific authorization in section 624 to address the unique needs of severely handicapped children and youth. The primary emphasis of this program has been on demonstrating innovative and effective approaches in education of severely handicapped children and youth in the least restrictive environment and within regular school settings. In addition, funds have supported projects to develop delivery systems for comprehensive services for these children. Like the other discretionary programs which were amended by P.L. 98-199, the Severely Handicapped program is beginning the last year of its first 3-year grant cycle under the new regulations. We expect to obtain information regarding services and characteristics of children and youth served in special education programs from State-reported data as well as from technical assistance projects funded under the Deaf-Blind program. Also, through the evaluation contract awarded in September 1985, we plan to examine the impact of the strategies undertaken in this program to achieve the goals of the Act.

2. Postsecondary education program. The 1983 amendments require that at least $2,000,000 be used each year to support four regional centers for deaf and other handicapped students. The remaining funds support grants to expand Statewide, local, or regional programs which serve postsecondary age handicapped students. Since 1985, the new demonstration projects have largely focused on services for individuals with specific learning disabilities, particularly in regular and vocational education settings. We need more data on the extent to which programs are available to postsecondary-age students with particular handicaps and with varying degrees of severity within handicapping categories.

3. Innovation and development. In addition to the basic field-intitiated component of the research program, OSERS has published biennial research priorities as required by the 1983 amendments. These directed research priorities include: (a) enhancing the capacity of local agencies to provide a variety of instructional options and screening procedures prior to referral of children with learning problems for special education; (b) stimulating improved practices for serving special handicapped populations such as those who are youthful offenders, or drug and alchohol abusers; (c) synthesizing research conducted on specific areas such as teaching and learning efficiency, and language acquisition and development; and (d) using existing data bases at State and local levels to examine variables such as academic learning time and instructional strategies. We need additional information on the impact that these research priorities are having in the field.

4. Media services and captioned films. Since 1983, this program has continued to support captioning activities for films and television, and projects aimed at improving the quality, availability, and use of educational technology for handicapped children. In fiscal years 1985 and 1986, approximately $2.5 million will be devoted to increasing the supply of decoder chips for television decoder units used by hard-of-hearing individuals. Under the technology program, projects have been funded to expand the use of technology in social skills curriculum, and to

identify exemplary State and local agency practices using communication aids in special education. Information needs in this program include the extent of need for television captioning for hard-of-hearing persons, and effective methods of adapting educational technology for use in special education. In the captioning area, we will be gathering information on the impact that captioning has on learning for handicapped persons, both for hard-of-hearing and other handicapped populations. In the technology area, an evaluation contract will gather information on the specific needs of service delivery providers with respect to improving their use of technology and telecommunications in special education.

5. Regional resource centers. Consistent with the 1983 legislative changes to Section 621, the Regional Resource Centers continue to be an integral part of the OSERS technical assistance network to assist States, local educational agencies, organizations and institutions in providing quality special education and related services. The RRCs provide assistance in the following areas: data management, least restrictive environment, learning disabilities, secondary education and transitional services, monitoring, and program evaluation. We are attempting to determine whether this program authority provides sufficient flexibility to address the technical assistance needs of particular States which have unique service delivery problems.

6. Recruitment and information. In accordance with the 1983 amendments, a new information center on postsecondary education has been established. In addition, the National Information Center on Handicapped Children and Youth continues to provide information on special education programs and services to handicapped persons, parents, educators, and other persons involved or interested in education of handicapped persons. Data needs in this program include the effectiveness of the information distribution efforts carried out by these projects, including the quality and volume of the services provided.

7. Special Education Personnel Development. Parent training, which represents about 10 percent of the funding under this program, was discussed in the testimony. The remaining 90 percent of the funds under this program are used for grants targeted on relieving shortages for various types of special education personnel. About 800 awards are made annually for this purpose. More information is needed regarding the impact of the current program and alternative ways for addressing shortages. This program will be included in the COSMOS evaluation mentioned earlier.

8. Special studies. P.L. 98-199 mandated the collection of specific kinds of data on numbers of handicapped children by age and handicapping condition, as well as studies regarding the long-term effects of special education, and expenditures by State and local governments for special education and related services. These data collection studies are now underway, and preliminary information and results should become available during fiscal year 1986. In addition, cooperative agreements with State agencies authorized by the amendments have been awarded to 10 States, and are expected to provide information on important aspects related to implementation of the Act at the State and local levels. Prior to making a recommendation on reauthorization of this program we need additional information regarding the value of particular data collection activities to policy-makers, administrators, and educators at Federal State and local levels.

Senator Stafford: I understand that the State of Massachusetts recently enacted legislation requiring school districts to collaborate with voc rehab agencies to prepare Individual Education Plans for special education students to be in effect upon graduation from high school. How would a proposal such as this work nationwide?

Answer: The new Massachusetts law establishes a single point of entry for handicapped students into adult services, and requires that an individual transition plan (ITP) be developed for students at least two years prior to their anticipated exit date. Procedures such as these in other States would represent a major step toward the development of a continuum of adult services in our communities. We believe, however, that States should be encouraged to adopt proposals which would be flexible enough to work within their individual States, rather than mandating a provision through Federal legislation.

Senator Stafford: How many states mandate services to age 21? Please name the States.

Answer: In 1985, 28 States had mandates to serve handicapped youth through the age of 21 if they had not graduated from high school. These States are as follows:

Alaska
Arizona
California
Connecticut
District of Columbia
Florida
Illinois
Kansas
Kentucky
Louisiana
Massachusetts
Michigan
New Jersey
New Mexico
North Dakota
Ohio
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
West Virginia
Washington
Wisconsin

Senator Stafford: How many states mandate services from birth? Please name the States.

Answer: Seven States mandate services from birth:

- Alaska
- Iowa
- Maryland
- Michigan
- Nebraska
- New Jersey
- South Dakota

Senator Stafford: How will the Department's proposed reduction in spending for Research affect ongoing studies authorized under the Discretionary Programs in 1983?

Answer: Budget proposals for research and special studies activities would not result in a reduction of spending for ongoing projects.

Senator Stafford: Would your Department support Senator Weicker's proposal to mandate services to handicapped infants from birth?

Answer: The Department does not support an extension of the mandate for special education and related services to handicapped infants from birth. A large number of public and private agencies at the State and local levels are currently serving handicapped infants. We do not have sufficient information on the types of services these agencies provide, the number of infants served, the types of services the infants require, or the effectiveness of the agencies' efforts to coordinate services to determine if further action is required, nor do we know if education agencies would be the appropriate agencies to be primarily responsible. We need to determine the best ways to obtain this information, and continue to establish demonstrations in selected States to test a coordinated, comprehensive planning process.

Senator Stafford: Some time ago the Department of Education initiated a study of the 89-313 program under Chapter 1. (a) Have you received any information about the outcome of that study? (b) When do you anticipate receiving the completed study from the Department of Education? (c) Did staff in your division participate in this study?

Answer: The study has not yet been completed. Information from the data collection is still being analyzed by the contractor. We anticipate receiving the completed study by the end of March, 1986. The study is being administered by the Department's Planning and Evaluation Service and was funded out of the Chapter 1 Evaluation and Technical Assistance Activity. OSERS participated in both the development and award of the contract.

Senator Kerry: Please explain in detail how the amount of special education funds withheld from Massachusetts was determined.

Answer: Under Section 611(a)(1)(A) of Part B of the Education of the Handicapped Act, the Secretary is required to allocate funds to States based on "the number of handicapped children, aged three to twenty-one, inclusive, in such State who are receiving special education and related services." 20 U.S.C. § 1411(a)(1)(A). The Secretary, according to Section 611(a)(5)(A) of the Act, may not count, for purposes of determining a State's allocation under the Act, "handicapped children in such State . . . to the extent the number of such children is greater than 12 per centum of theanumberlof all children aged five to seventeen, inclusive, in such State." 20 U.S.C. § 1411(a)(5)(A). The Secretary is required to determine the number of children, aged five to seventeen in a State, "on the basis of the most recent satisfactory data available to him." 20 U.S.C. § 1411(a)(5)(B).

The Massachusetts Department of Education reported to the Secretary of Education that, on December 1, 1983, 124,786 children were receiving special education and related services in the Commonwealth. This count was the basis for the fiscal year 1984 (school year 1984-1985) award of Part B funds to Massachusetts. The Secretary of Education has determined that the Bureau of the Census of the Department of Commerce is the most appropriate source for data on the population of children in a State aged five to seventeen. According to the Bureau of the Census figures, there were 1,018,000 five to seventeen year old children in Massachusetts in July, 1983. By dividing the child count figure, 124,786, by the Bureau of the Census figure, 1,018,000, it was determined that the Massachusetts child count constituted 12.26 percent of the Commonwealth's population of five to seventeen year olds. The count of children submitted for funding purposes may not be entered into the award calculation to the extent it exceeds the statutory 12 percent limitation. In this case, Massachusetts exceeded this limitation by 2,626 children. The August 19, 1985 final letter of determination issued by the Assistant Secretary for Special Education and Rehabilitative Services concludes that "[b]ased on the per child amount of $257.52, Massachusetts received $676,256 in excess funds over its EHA-B entitlement [for fiscal year 1984]." The Assistant Secretary disallowed Part B funds that the Commonwealth received for fiscal year 1984 in excess of its correct entitlement.

The Department has not withheld any EHA-B funds from Massachusetts. For fiscal year 1985 (school year 1985-1986), Massachusetts received all funds to which it was entitled. The Secretary, in calculating the Commonwealth's award for fiscal year 1985, did not count the number of handicapped children which exceeded the 12 percent limitation set forth in Section 611(a)(5)(A) of the Act. The determination of the number of five to seventeen year old children in the Commonwealth was based on the most recent Bureau of the Census figures.

Senator Kerry: Is it possible for the department to work with my office to develop a funding cap based on the total population of children in the age range served by special education?

Answer: Yes, we would be pleased to discuss this issue with staff from your office.

Senator Kerry: How can the state recover the special education funds expended but not awarded by the U.S. Department of Education?

Answer: In making its allocation of Part B of the Education of the Handicapped Act funds to Massachusetts for fiscal year 1984 (1984-85 school year), the Department inadvertently awarded funds based on a child count which exceeded 12 percent of the State's 5 through 17 year old population. Since this allocation is contrary to the requirements of the Education of the Handicapped Act, the Department has requested the return of these funds. However, it has provided Massachusetts an opportunity to appeal this decision to the Department's Education Appeal Board. See 51 Fed. Reg. 5099 (February 11, 1986). All Part B of the Education of the Handicapped Act funds for fiscal year 1985 (1985-1986 school year) have been allocated correctly in accordance with the law. As required by Section 611(a)(5)(A) of Part B of the Education of the Handicapped Act, the Secretary did not count, in calculating Massachusett's fiscal year 1985 award, the number of handicapped children which exceeded the 12 percent limitation. Therefore, there are no funds for Massachusetts to "recover." The Department is implementing new procedures to ensure that States are informed of the relationship of their child count to their population aged five to seventeen.

Senator Kerry: What recommendations would the U.S. Department of Education make to reprioritize the programs for preschool handicapped?

Answer: The Department is examining alternative proposals aimed at encouraging States to serve handicapped preschool children not now being served. We are examining the possible effects of different incentive mechanisms which would more effectively target resources on these children. In addition, under the Early Childhood Education program, we intend to continue to direct demonstration funds to specific priority areas such as community involvement, least restrictive environment, and inservice training of teachers and related services personnel.

Senator Kerry: What questions about early education do you expect your longitudinal studies to answer?

Answer: The Early Intervention Effectiveness Institute at Utah State University is under contract to conduct a minimum of 16 studies related to the effectiveness of early intervention for handicapped children. Of the 16 studies, six will investigate the long-term effects and costs of early intervention for children with severe handicapping conditions and children with sensory (visual and hearing) handicapping conditions. Five studies will investigate the long-term effects and costs of providing early intervention at different ages, again focusing especially on children with severe handicapping conditions and children with sensory impairments.

The remaining five studies will investigate the long-term effects and costs of early interventions that differ with respect to program components and strategies. For example, one study will be carried out to determine whether and to what extent extensive parent involvement in an early intervention program produces more benefits to the child and family than does less parent involvement. Thus, the major questions Utah State University will attempt to answer relate to:

(1) the long-term effects and costs of early education for handicapped children;

(2) the long-term effects and costs of early education when handicapped children receive educational services at different ages; and,

(3) the long-term effects and costs of early education programs that differ with respect to program components and strategies.

Senator WEICKER. We have been joined by another individual with deep roots in the establishment of Public Law 94-142 as a Congressman, and that is Senator Simon. He was of tremendous assistance to Senator Stafford when he was in the House and Senator Stafford was in the Senate.

If you have any questions, Senator Simon, we would be delighted to hear from you.

Senator SIMON. Thank you. I have no questions. I am sorry I got here late.

I share a concern that we do everything we can. I just think we ultimately test whether we are a civilized society by how we respond to the people who really need help in our society. And that is what you are involved in, and I hope we can push in that direction.

Beyond that, I am here to listen, Mr. Chairman.

Thank you.

Senator WEICKER. Thank you very much, Senator Simon.

Thank you very much, Madeline and Patty. Maybe when you are back here on the 21st, you will be a Director—who knows? I did my best, Patty. [Laughter.]

Of course, that urging of me, quite frankly, probably has killed Patty's chances as far as the administration is concerned. [Laughter.]

We are going to have our second panel come up, and I have asked my good friend, Sandy Parrino, if she would mind going third, because we do have a young child here with his parents, and if all of us get itchy sitting through these senatorial hearings, I am sure this young man is twice as itchy.

So let us have our next panel, Dr. Michael Guralnick of Ohio State University, and Martin and Barbara Lampe and their son, Will.

Dr. Guralnick, it is a pleasure to have you. Why don't you lead off? Your statements, all of them, will be included in the record in their entirety. I am very pleased and very grateful that you have taken time out of your schedules to come and testify before this committee.

Please proceed.

STATEMENT OF DR. MICHAEL GURALNICK, NISONGER CENTER, OHIO STATE UNIVERSITY, COLUMBUS, OH; AND MR. AND MRS. MARTIN LAMPE, PARENTS, UNIVERSITY PARK, WITH THEIR SON, WILL

Dr. GURALNICK. Thank you, Senator.

I am very pleased to have this opportunity to comment on a possible early childhood initiative as part of the reauthorization of the Education of the Handicapped Act. My remarks this morning will focus on two issues. First, I will briefly discuss what might be considered a logical rationale for providing comprehensive intervention services during the early years for young handicapped children and their families.

Second, I will summarize recent research designed to evaluate whether or not early intervention programs have in fact been effective.

In many respects, the rationale for early intervention for handicapped youngsters is closely connected to conceptualizations that stress the importance of the early years for normally developing children.

Research by a variety of child development professionals over the past three decades has clearly established that the quality of the relationships emerging during the first few years of life and the ability of parents and caregivers to appropriately adjust the environment to the rapidly changing psychological and physical needs of children have significant effects on children's cognitive, social, and emotional development.

It has been recognized as well that many children are highly resilient and can overcome nonstimulating and even adverse events in infancy and in early childhood. However, continuity is a powerful process in human development, and events in the early years play vital roles in shaping our futures.

In fact, it is quite possible to argue that the early years are even more crucial for handicapped children. The disabilities these children manifest and the conditions surrounding the existence of their handicaps appear to intensify the significance of early experiences. Although not denying that even seriously handicapped children can be highly resilient and are capable of overcoming a difficult period in early childhood, their abilities to cope, to adapt, and to reorient are much more limited and fragile.

Let me provide some specific examples that suggest a framework for early intervention.

First, observations during the early years reveal that handicapped children often become partners in uncertain relationships, establishing interaction patterns that tend to become counterproductive to development.

For example, when children's signaling, feedback, and affective systems are not intact, as is common for many children with handicaps, it is not difficult to realize how patterns that are not optimal for development can arise. The consequences of not intervening during this period are severe, for these interaction patterns are the essential context for cognitive, social, and communicative development.

Second, many difficulties handicapped children experience do not become obvious until later in life. Extensive research has documented that adult handicapped individuals have a much higher incidence of behavior problems and exhibit difficulties in social competence that far exceed that which would be expected simply based on their intellectual levels.

The ability to be gainfully employed and to enjoy satisfying relationships in later life are compromised by these social interaction and behavioral difficulties.

Of importance to the issue at hand is the fact that recent research has traced the roots of these problems to the early years. Various precursors of these behavioral and social competence disorders can now be detected in very young children.

Any form of disability, it seems, affects an array of developmental processes during the early years causing potentially devastating complications that persist throughout the lifespan.

Such patterns are very resistant to change in adulthood but may well be prevented, at least minimized, through early intervention.

Third, it is important to note that complications extend beyond the individual child, as the stress on families and the risks to the family unit must also be considered. Early intervention in the form of counseling, anticipatory guidance from health professionals, and the provision of support groups may be able to prevent the inevitable difficulties from reaching critical stages. Failure to do so not only jeopardizes the well-being of the handicapped child, but of all members of the family.

Even with this rationale, the essential question as to whether early intervention programs can be effective remains to be answered. Although some of the data in the field of early intervention are of a limited nature or of questionable quality, it must be remembered that it is only in the last 15 years that such programs have emerged. Most professional concerns during this period focused on program and model development, staff training, finding the best service delivery strategy, and the like. Precise and scientifically sound tests of early intervention effectiveness were not always high priorities.

Despite the limited emphasis on evaluation, contemporary analyses of the effectiveness of early intervention for handicapped children are in my view highly encouraging.

For example, we now know that we can prevent the decline of cognitive development that typically occurs during the early years for children with Down syndrome. Intervention studies employing various models as well as longitudinal investigations carried out in the United States and elsewhere have documented this important outcome of early intervention.

A recent comprehensive statistical analysis of 74 studies of early intervention evaluating over 200 different outcomes indicated that cognitive gains in the range of 8 to 12 IQ points can be expected.

Recent work for children with severe hearing impairments has demonstrated how communicative and social interaction patterns can be significantly improved through early intervention.

Other very recent reports are even more promising, suggesting that unusually intensive early intervention programs for children diagnosed as autistic, who are enrolled prior to 2½ years of age can produce remarkable gains in development and perhaps even full recovery.

Finally, smaller scale studies focusing on language, motor, and social development have demonstrated the effectiveness of a wide range of intervention techniques that can be incorporated into more comprehensive programs.

Admittedly, insufficient emphasis has been placed on evaluating the effects of early intervention programs on families themselves, on the social and emotional development of handicapped children, and on long-term impact. But programs are becoming more sophisticated as we learn from prior efforts and incorporate new knowledge and intervention techniques into practice. Even with the limited historical perspective that is available, the increasing benefits to children and families are readily detectable. Hopefully, there will be future encouragement to States to extend these benefits to all handicapped children and their families.

Thank you.

Senator **WEICKER**. Thank you very much, Dr. Guralnick.

We will do the questions last of all members of the panel.

[Response of Dr. Guralnick to questions submitted by Senator Weicker follow:]

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February 14, 1986

Senator Lowell Weicker, Jr.
Chairman, Subcommittee on the Handicapped
Committee on Labor and Human Resources
United States Senate
Washington, D.C. 20510

Dear Senator Weicker,

Once again I want to thank you for the recent opportunity to testify at the reauthorization hearing on the discretionary programs of the Education of the Handicapped Act. As I indicated, a mandate for early intervention programs beginning as early as possible seems highly justified. My responses to the questions from Senator John Kerry are presented below:

Question 1: How can the effects of early intervention programs on the emotional and social well-being of families be evaluated?

This is a particularly difficult question to answer because the quality of family functioning is obviously embedded in a highly personal and often ideosyncratic value system. However, there are important, generally agreed-upon, non-intrusive measures that can be utilized. Specific indices which reflect the well-being of families include the use of mental health services by family members, the prevalence of divorce and separation, the frequency of school conduct and mental health problems of siblings, and the extent of families' social support networks. In addition, recent research studies have evaluated a number of assessment tools designed to measure directly the adaptation and coping abilities of families specifically related to the presence of a young handicapped child. These self-evaluation rating scales have proven to be both reliable and valid and can be extremely useful in evaluating the effects of early intervention programs on family functioning.

Question 2: How can we better train pediatricians to identify and refer disabled infants to early intervention programs?

The failure of physicians, particularly primary care pediatricians, to properly identify and refer handicapped infants to early intervention programs is part of a larger and longstanding problem. Specifically, relatively few pediatric training programs require residents in pediatrics to participate in systematic, structured training experiences (referred to as rotations) focusing on handicapped children during the

3-year residency period. However, when such rotations are available, research indicates that these future primary care pediatricians not only learn to identify and refer disabled infants appropriately, but they also gain an appreciation and understanding of the significance and limitations of early intervention programs. Moreover, these systematic rotations for residents have been shown to have important positive effects on their knowledge, clinical skills, and attitudes in relation to handicapped children and their families.

Perhaps most distressing is the fact that a thoroughly tested and highly valid training curriculum for pediatric residents focusing on young handicapped children is available. However, pediatricians who subspecialize in the area of the handicapped are in short supply, and many training positions remain vacant. But even with qualified personnel, pediatric training programs apparently do not give the area of the handicapped high priority as indicated by limited resource allocation and the elective nature of most rotations. More specific incentives need to be developed to urge the relevant committees of the American Academy of Pediatrics to promote or even require training of all pediatric residents in the area of the handicapped. In addition, redirection of pediatric manpower training efforts is needed to encourage pediatricians to pursue subspecialty training in the area of the handicapped.

Effective training of pediatricians will likely result in substantial improvements in the effectiveness of early intervention programs, and I wish to thank Senator Kerry for focusing on this vital issue. Should you need additional information on existing pediatric training programs or documentation as to their effects, please do not hesitate to contact me.

Sincerely,

Michael J. Guralnick, Ph.D.
Director
The Nisonger Center

MJG:kb

Senator **Weicker**. We will now move to Martin and Barbara Lampe, if you will proceed, and we look forward to your testimony. And if Will has anything to say, he is welcome to cut loose, also. Tell Will I have got some ice cream coming up for him.

Mr. **Lampe**. That is a word that he understands well.

Senator Weicker and members of the committee, thank you for inviting us, and thank you for your work on behalf of the handicapped.

We are here to speak as participants in an infant education program for the handicapped, and we are grateful and enthusiastic supporters of such programs.

After 19 years of marriage, quite to our amazement, we became parents of a darling little boy, Will, who is here with us today. It was the happiest moment of my life. But within an hour of his birth, we learned that Will had Down syndrome and that was the unhappiest moment of my life.

But the next day, we learned that we were fortunate to live in the State of Maryland, where an educational and developmental program for all handicapped children beginning at birth is mandated by law.

I can honestly say that parenting has been a joyous experience filled with hope and pride in our little boy's accomplishments, and in no small part, that is due to the public education programs that have been available to us.

We would like to share some of the history of those recent years with you. The Prince Georges County School System sent a specially-trained teacher to our home for a 1- to 2-hour session once a week during Will's first 2 years. In addition, he received occupational therapy services for 1 hour per month at first, subsequently increased to an hour a week at present.

These people—and they are all wonderful people, both personally and professionally—worked with Will hands-on to develop his abilities, but to an even greater degree, their role was to serve as guides and consultants to us as his parents.

Now in this third year, Will has moved on to a school-based toddler program with five other children.

Will has very low muscle tone and flexible joints. That is a characteristic of children with Down syndrome. But he is particularly affected in that area, and he has always had great difficulty in activities involving his large muscles.

The first thing we did with Will's teacher was to try to develop head control. We would have had no idea how to begin without her. Obviously, babies can learn very little until they can raise their heads from prone position and look around. Most babies can do this shortly after birth. But we spent 4 months waving rattles and sparklers and ourselves in front of Will while he lay nearly motionless on his belly. After a while he would grunt, and it was a real effort, but he would raise his head for 1 second, and then 2 seconds, and then 5 seconds, and so on

We learned to praise him and pat him every time we would raise his head, and make noises, and Will would just eat up the praise and give us a big smile, and we would all try again. He is a very hard worker.

After 4 months, he could finally raise his head, keep it up, and look all around him. And I remember to this day thinking, "Well, we have done it. Now we can relax." But of course, the next day, Will's teacher had us working on getting him to raise his legs and arms, then to roll over, then to sit, then to crawl, and so on.

Now he is finally getting close to being able to walk. Gross motor development was the area where he has made the slowest progress, and he is even behind many of his contemporaries who are in early intervention programs now.

But before these programs were available, many Down syndrome children did not learn to do these things until much later, and sometimes not at all.

On the other hand, Will has always been relatively good at cognitive activities and fine motor, that is, finger manipulation activities, things like finding hidden objects, putting puzzles together, taking objects apart, and so on, and these are all closely related to the early development of intelligence, so they are especially important.

With the help of Will's teachers, we have gone through a whole sequence of little games and activities, each at the time when he was just ready to begin trying it. All of these skills develop in a more or less definite sequence. If you begin the activity too soon, the child gets frustrated; if you begin it too late, he may not be interested and he may never learn that skill. So it is important to try to stay just a little ahead of where he is at any point, and that is where expert advice and assessment is essential.

With the help that he has gotten, Will has stayed very close to normal development in these areas, and that gives us great hope for his future intellectual development.

In the area of language development, Will has a very good understanding of what is said to him, but like most Down children, his desire and ability to communicate is way ahead of his ability to actually talk. He only says a few words. But with the help of his teachers, we are all learning sign language together, and both at home and at his school, we try to use signs and speak at the same time. It has been very successful. Will has learned to use over 40 signs, even some 2-sign combinations, and it gives him the ability to communicate with us. I really do not know what we would do without it. Of course, we expect this is only a temporary measure, and that we will phase out the signs as he acquires more words.

We belong to a Down syndrome parents' group and know many young children who are enrolled in the early childhood programs in our county. They are all active, eager, involved children who do not look or act at all like the stereotype of retarded children.

Our experience and that of our friends is that our children are able to develop all of the abilities and skills that other young children have, but that every step is much harder for the child, the skills do not necessarily develop naturally, as they do in normal children—they often have to be taught—and that the children are more passive and have to be motivated to explore the environment and try new activities.

For these reasons, a child with Down syndrome or other developmental disabilities is dependent upon his parents to play a much more active role in his development. In order to do this, the parents have to learn what specific activities are appropriate, the techniques for motivating the child and leading him, step by step, through the new activities, and they must be themselves motivated and given hope to work with the child and led to accept and respect their child so that he will develop confidence in himself.

My wife and I are trained readers and researchers, but I can tell you that it is confusing, overwhelming, and difficult to impossible to do all these things without a trained guide.

In most cases, we have learned to do the activities with Will, but in some cases, they are so specialized that they have to be done by a teacher or a therapist. We feel very strongly that infant programs are essential to the development and education of children with developmental delays.

Furthermore, it is evident from our experience and that of many of our friends that the effect of these infant stimulation programs is to enormously enhance the ability of children to learn later on.

No parent knows how his 2-year-old child will develop, but like many of our friends we are parents of children with Down syndrome, we confidently hope that as an adult, Will will be able to hold a job, to develop social relationships, and to live independently, perhaps with some help. Such aspirations would have been inconceivable not too many years ago.

Particularly this year, I would ask what could be a better or more cost-effective use of public funds than helping handicapped people to become confident, contributing citizens, rather than permanent dependents on society.

I would like to say a few words on what might be done in the future.

First, we think children in every State should have the same opportunity that Will has had in Maryland. Education from birth should be mandatory for handicapped children. We feel that if the program does not start until age 3, the battle has been half lost.

Second, we think there is an essential role for the Federal Government in funding and organizing research, training, and communication in special education. There seems to be a real lack of communication between school systems, even adjacent ones, and good ideas and programs do not necessarily spread or even become known.

Finally, I have to mention a subject that nobody wants to hear about this year. In our Infant-Toddler Program, the people have all been tremendous, and the limitations have been entirely due to one factor: Lack of money. Anything the Federal Government can do to help local systems in this regard certainly would be a tremendous help.

Thank you.

[The prepared statement of Mr. and Mrs. Lampe and responses to questions submitted by Senator Kerry follow:]

Testimony given to the U. S. Senate Subcommittee on the Handicapped of the Committee on Labor and Human Resources, February 4, 1986, by Martin and Barbara Lampe, 4216 Van Buren Street, University Park, MD 20782.

Senator Weicker and members of the committee, thank you for inviting us to speak to you of our experiences as participants in an infant education program for the handicapped. We are grateful and enthusiastic supporters of such programs.

After nineteen years of marriage, to our amazement we became parents of a darling little boy, William, who is here with us today. It was the happiest moment of my life. Within an hour of his birth, we learned that Will had Down Syndrome. That was the unhappiest moment of my life. But the next day, we learned that we were fortunate to live in the State of Maryland, where an educational and developmental program for all handicapped children, beginning at birth, is mandated by law. I can honestly say that parenting has been a joyous experience filled with hope and pride in our little boy's accomplishments, and in no small part that is due to the public education programs available to us.

We would like to share some of the history of those recent years. The Prince Georges County School System sent a specially trained teacher to our home for a one to two hour session per week during Will's first two years. In addition, he received occupational therapy services for one hour per month at first, subsequently increased to two hours per month in his second year, and now to one hour per week. These people -- and they were all wonderful people, both personally and professionally -- worked hands-on with Will to develop his abilities, but to an even greater degree, their role was to serve as guides and consultants to us, his parents. In his third year, Will has moved on to a school-based toddler program; he goes to class with five other children twice a week.

Will has very low muscle tone and flexible joints. That is characteristic of children with Down Syndrome, but he is particularly affected in that area, and he has always had great difficulty in activities involving his large muscles. Will's teacher helped us through our first major effort -- to develop head control. We would have had no idea how to begin without her. Obviously babies can learn relatively little until they can raise their heads from prone position and look around. Most babies can do this shortly after birth, but we spent four months waving rattles and sparklers and pictures and ourselves in front of Will while he lay nearly motionless on his belly. After a while he would grunt and raise his head for a second before it fell back, then two seconds, five seconds, and so on. We learned to praise him and pat him every time he'd raise his head, and he would eat up the praise, give us a big smile, and we would all try again. Will's a hard worker, a real plugger! After four months he could raise his head, keep it up, and look all around him. To this day I remember thinking, "Well, we've done it! We can relax now." But of course, the next week Will's teacher had us working on getting him to raise his legs and arms, then to roll over, then to sit, and so on. Now, at age two and a half he is finally getting close to being able to walk. Gross motor development is the area where Will has made the slowest progress, and he developed all of these skills very late compared to normal children and late even compared to other healthy children with Down Syndrome. But before infant programs were available, many Down's children did not learn to do these things until much later still, and sometimes not at all.

On the other hand, Will has always been relatively good at cognitive activities and fine motor -- that is, finger manipulation -- activities, things like finding hidden objects, putting puzzles together, taking objects apart, stacking blocks, and so on. These are all closely related to the early development of intelligence, so they are specially important, and with the help of Will's teachers we have gone through a whole sequence of little games and activities, each at the time when he was ready to begin trying it. All of these skills develop in a more or less definite sequence. If you begin an activity too soon, the child gets frustrated because it's beyond him; if you begin too late, he may not be interested and he may never learn that skill. So it's important to try to stay just a little ahead of where the child is at any point, and that is where expert advice and assessment is essential. With the help he has gotten, Will has stayed very close to normal development in these areas, and that gives us great hope for his future intellectual development.

The area of language development is a good example of how Will's school program has helped him. Will has good understanding of what is said to him, but his desire to communicate is way ahead of his ability to talk. At age two and a half, he says only a few words. Most children with Down's Syndrome learn to talk long after they are mentally ready to communicate. To fill this gap, with the help of his teachers, we are all learning sign language together and, both at home and at school, we try to use signs and speak at the same time. Will has learned to use over forty signs, even some two-sign combinations, and it gives him the ability to communicate with us. I don't know what we would do without it. Of course, we expect that this is only a temporary measure, and that we will phase out the signs as he acquires more words.

We belong to a Down Syndrome parent's group and know many young children who are enrolled in the early childhood programs in our County. They are all active, eager, involved children who do not look or act at all like the stereotype of retarded children. Not too many years ago parents were told that a child with Down Syndrome would never master basic skills. Our experience and that of our friends is that this is totally wrong, that our children can develop all of the abilities and skills that other young children develop, but that:

- Every step is much harder for the child.
- Skills do not necessarily develop naturally, as they do in normal children. They often have to be taught.
- The child is more passive, and must be motivated to explore his environment and try new activities.

For these reasons, a child with Down Syndrome (or other developmental disabilities) is dependent upon his parents to play an active role in his development. To do this effectively,

- The parents must learn what specific activities are appropriate for the child's development at any given stage.

- They must learn techniques for motivating the child and leading him, step by step, through new activities.

- They must be given hope and themselves motivated to work with the child.

- They must accept and respect their child so that the child will develop confidence in himself or herself.

My wife and I are readers and researchers by training and inclination, and we have collected a library on child development and specifically on how to work with Down Syndrome children, but I can tell you it is confusing, overwhelming, and difficult to impossible to do these things without a trained guide. In most cases, we learn to do the activity with Will, but some of the activities are so specialized that they must be done by the teacher or therapist; expecting a parent to do them would be like trying to teach a layman how to remove an appendix. As parents, we feel very strongly that infant programs are essential to the development and education of children with developmental delays. Moreover, it is evident that the effect of infant stimulation programs is to enormously enhance the ability to learn later on, that there is an explosion of ability among children who are leaving these early childhood programs. One of the problems parents are facing now is that in many cases the special education elementary schools do not realize how much they can and should expect from these kids.

No parent knows how his two-year-old child will develop, but like many of our friends who are parents of children with Down Syndrome, we confidently hope that as an adult, Will will be able to hold a job, develop social relationships, and live independently, perhaps with some help. Such aspirations would have been inconceivable a not too many years ago. What could be a better or more cost-effective use of public funds than helping handicapped people to become competent contributing citizens, rather than permanent dependents on society?

Let me say a few words on what might be done in the future.

Firstly, we think children in every state should have the same opportunity that Will has had in Maryland. Education from birth should be mandatory for handicapped children; we feel that if the program doesn't start until age three, the battle has been half lost. I'd also like to point out that the availability of programs is a dominant factor in parents' decisions to relocate. We would never consider moving to a state that lacked a good program for Will. For our friends with handicapped children, especially those in the military community, this factor absolutely dominates their career decisions.

Secondly, we think there is a role for the Federal government in funding research, training and communication in special education. There seems to be a real lack of communication between school systems (even adjacent ones), and good ideas and programs do not necessarily spread or even become known.

Finally, I have to mention a subject that nobody wants to hear about this year. In our infant-toddler program, the people have all been tremendous. The inadequacies (such as limited availability of therapists, delays in services pushed to the legal limits, a very long summer recess) are all due to one factor. When I mentioned our appearance here to the people in Will's school, and interest in upgrading or mandating infant programs, they said, "That's great! But tell them to send money."

Responses to questions by Senator John Kerry, by Martin and Barbara Lampe, parents of Will Lampe, age 2-1/2, who has Down Syndrome.

"What kinds of ongoing assessment of your child has been useful in helping you understand the achievements he's made?"

During Will's first two years, Will's school provided us each spring with a formal assessment of his developmental level and progress during the year. At present, this assessment is being done each semester. It is done by his teacher and occupational therapist, and lists his developmental age in each of several areas, such as cognitive, gross motor, fine motor, etc., as well as his performance on each of a list of developmental skills. In addition, during his first two years when a teacher came to our home each week, the teacher provided an ongoing informal commentary on his progress.

These assessments are very goal-oriented. They help us to focus on specific developmental skills that are important in the immediate future and that he has achieved in the recent past. The school assessment process is closely linked to the preparation of the Individual Educational Program (IEP) for the child's next year. We have found the year-end assessments to be done very professionally by the school personnel. However, they have not met all our needs, for the following reasons.

First, special educators clearly make it their policy to compare each child only to himself, and not to norms for broader groups of children. Also, they maintain a very positive and encouraging attitude. Obviously, this makes a lot of sense, but it does make it difficult for parents to formulate a complete and objective picture of the child's progress. For example, Will is very delayed in the gross motor area; we knew this from the school assessment, but we didn't know that his delay is serious compared to other healthy children with Down Syndrome.

Secondly, the assessments were performed in April, but we did not get the written report until August or September, due to lack of secretarial support at the school.

Third, the assessment leads directly to a work-up of the services necessary in the immediate future to address the child's problems. However, the school system operates under various constraints dictated by the funding available, and school officials do not recommend services that are contrary to the school system policy. (This is our opinion; school officials do not admit for the record that any specific service limitation is determined by funding.) For example, our system's policy is not to offer speech and language therapy to children under three.

We have also had Will assessed semi-annually at Children's Hospital in Washington, D. C., and we have found this to be very useful. He is seen by a physician and an educational specialist in the Genetics Department, and by a specialist in the Speech and Language Clinic. These people have examined hundreds of children with Down Syndrome, and in addition to assessing his specific skill development, they were able to help us assess his progress in the context of expectations for Down Syndrome children, and expectations for him specifically based on his previous assessments. They helped us (and, I think it would be fair to say, also helped the school personnel) to prepare for the IEP conference, by giving us an independent judgment of appropriate goals and needed services. For example, they expressed disappointment in his motor development and recommended much more extensive physical therapy. (We decided to provide this privately at our own cost, with partial coverage by our health insurance.) They also advised at one point that his speech and language development, which had previously been very good, had slowed down unacceptably, and they recommended speech/language therapy. We used this assessment to convice the school people to provide this service. In both cases, we feel that the specific services recommended were indeed needed, and have contributed a good deal to Will's development.

"Are there adequate opportunities to learn how to meet and join with parents who have problems with their handicapped children similar to you

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We belong to a county-wide parent support group that meets once a month - Andrews Area Parents of Down Syndrome Children (PODS). It has been very helpful to us. Our group now actively contacts new parents. We did not learn of PODS through the school system, but Will's infant teachers did start spreading the word after we told them about it. There is also an active organization of parents of children with learning disabilities, but unfortunately we are not aware of any similar parent support groups in our area for parents of children with other types of disabilities. Although there are a number of disability organizations, we have the impression that they focus more on advocacy and/or adult disabled concerns rather than support and interaction of new parents. Also, I am told that it is much harder to organize parents of children whose handicaps are not due to any specific identifiable cause, as these children may or may not have much in common, and the parents are often reluctant to recognize that their child is, for example, mentally retarded.

Will's school does provide some opportunities for parents to get acquainted with each other, but in general these are not directed toward introducing parents whose children have the same specific type of disability. There are monthly parent discussion groups, usually with a speaker or discussion leader, at the school. These meeting are well done and useful, and baby-sitting is provided. However, they are usually attended by no more than a dozen mothers (and an occasional father) out of a school population of over 150. There are also PTA meetings every month or two in the evening, which are somewhat better attended. Also, Will's present teacher invites parents to come to class whenever they wish, and has held two parent meetings thus far this year (during school hours). There are six two-year-olds in the class, with different types of handicaps.

All in all, a good deal more could be done, by the schools and by private organizations, to introduce parents to others with similar problems. As an officer of both the school PTA and the county Association for Retarded Citizens, I (Martin) could myself help to set this in motion; thank you for focusing my attention on it.

Respectively submitted,

Martin Lampe

Martin and Barbara Lampe

Senator **Weicker**. Thank you very much.

How old is Will now?

Mr. **Lampe**. Will is 2½.

Senator **Weicker**. Has he started to walk yet?

Mr. **Lampe**. He is not quite walking. He is standing and getting close to it.

Senator **Weicker**. I remember with Sonny, my Down's child, we were getting very frustrated with him not being able to go ahead and walk. And it was great, as long as the furniture was in proximity one piece to another, he would be able to hang onto a chair and then hang onto this. And one day, a special education teacher came to the house, and it was really fascinating. She brought a hula-hoop with her, and she put the hula-hoop over Sonny, and he put his left hand on one side of the hula-hoop and his right hand on the other side of the hula-hoop, and he thought that that was the same as hanging onto a piece of furniture, and he took off across the room. So you might try a hula-hoop if you want to give Will some confidence. He will think he is hanging onto something. Indeed, he is, but he is really hanging onto himself. [Laughter.]

Anyway, that is a little bit of factual advice from one parent of a Down's child to another.

My question to both panelists is, in your view, is there any reason not to extend the Federal mandate down to birth, and I think you answered that rather succinctly, Mr. Lampe, based on your experience.

Dr. Guralnick, I noticed in your testimony, you indicated there still are certainly some questions out there. But is there any reason why we should not move on that aspect of changing the law?

Dr. **Guralnick**. I do not think so. There are always going to be questions, particularly for certain groups of handicapped children. But clearly, the evidence is in the right direction and is very encouraging, and I can see no reason not to forge ahead.

Senator **Weicker**. Senator Simon?

Senator **Simon**. First of all, I thank both of you for your testimony—you, Dr. Guralnick, for your leadership, and Mr. Lampe, for really an inspiring testimony.

This is getting away from our committee jurisdiction but it bears on all this. You say, "We constantly hope that as an adult, Will will be able to hold a job, develop social relationships and live independently, perhaps with some help."

In Bloomington, IL, the Public Housing Authority developed special areas for people like Will, just as part of the housing authority. Somehow, we ought to be encouraging that example around the Nation so that Will can do precisely what you suggest.

Second, a State senator in my State, Dick Newhouse, who has a child who is handicapped, who has very similar aspirations for his retarded child, has suggested that we provide some small tax deduction so that he could put aside $2,000 or 3,000 a year for the future, that would be held in trust for his son so that it could be of some additional assistance. It just seems to me—especially since we have got tax deductions for small brewers and everybody else—something like that really does seem to make sense.

Now, that is a very leading question, Mr. Lampe, but I would be interested in your response to both ideas.

Mr. **Lampe**. Well, certainly, I think the thing that all parents of handicapped children worry about most is what will happen to them later on when the parents are not here to help them and how to put aside enough money to provide for their lives, so that is a universal problem, and obviously, something like that would help out an awful lot.

The question of housing, I know, is a real problem in our State, in Maryland. We do have a State law that provides for such maintenance as is necessary for handicapped people in homes in the community, mainly small group homes of two or three people. But although the State law mandates that, there is a waiting list of 1,000 people for those services. Money is not appropriated to support that law.

If I could make one comment in response to Senator Weicker's point, also, about early childhood programs, I think one thing that deserves mention on the question of whether the zero to 3 age programs should be mandatory is the effect that the existence or nonexistence of these programs has on mobility of the families.

I know we would never consider moving to a State that did not have appropriate programs for Will. And we belong to a parents' group that has a lot of military people from Andrews Air Force Base. In their case, that becomes an absolutely dominant factor in their lives and in the future of their careers, trying to arrange their assignments to take them to places that have appropriate programs.

Senator **Weicker**. I think that the program in Maryland is outstanding, as indeed I think the program in Virginia is outstanding. Sonny goes to Fairfax County schools.

But I would like to get your experience. Sonny is now 7, so maybe you have not had the same experience, but maybe you have been able to observe by talking to other parents. But one thing that does bother me is that in the curriculum—and I think Fairfax County does an outstanding job—but nevertheless when it comes to physical training, sports, exercise, this type of thing, for some reason, the school system considers the primary responsibility there to be on the parents, as if this were sort of an option, something extra. Yet it seems to me it is really vital as far as these youngsters are concerned. And yet, I do not think Sonny gets but an hour of PT all week long; whereas every high school I know has football and basketball, and they have very active programs for the rest of the student body. But this is one way that costs are cut, and I worry about that, and I think that is the point you raised, Martin, on funding. And make no mistake about it, when there is a fight over this pie, let us face it, the parents' groups, et cetera, are going to see that the largest part of it goes to the largest number of students, and that leaves people like Will and Sonny out in the cold. So that any cutback in the Federal area here is going to really impact severely, because these are Federal funds.

You know, President Reagan gets up there, and he gives this great impression to the American public that education funds at this level, elementary and secondary, you know, this is the Federal Government. Well, we certainly have to stop and think for a minute, and it is not. Those are local and State funds. Now, the money that goes to Will and Sonny, those are Federal funds, because it has been proven through historical usage that the States and localities cannot afford enough in the way of moneys for the Wills and Sonnys. That is the whole purpose of Public Law 94-142. And underfunded, those services are not delivered. And even now, they are underfunded. And if we are talking about a 25-percent cut as envisaged by Gramm-Rudman, forget it; I mean, these kids are really going to have their future closed out on them in the sense of what Dr. Guralnick was talking about in terms of being useful members of society with the earlier education.

Would you like to comment on that, Dr. Guralnick?

Dr. GURALNICK. I think there are two issues, though. One is the fact that programs that are ancillary programs such as physical education have great impact on personal preparation training programs, and I think that you might later on, in the later panel this morning, bring that issue up again, because there are many, many programs that are specialized in training of individuals for service in that field that these kinds of potential impacts are severely impacting.

The second issue is one that has been raised here today, the fact that we often neglect to see the linkage between early childhood programs and employability, being able to live independently. There is tremendous press for continuity in all human development, and we can see that early intervention programs point the direction for a life that is much more satisfying. And although there are tremendous needs of the adult handicapped community, we can see we can prevent a lot of problems that adult handicapped individuals experience through these early intervention programs, in my view.

Mrs. LAMPE. I would just like to add that particularly physical therapy and occupational therapy is a very important item, as you said, that has been ignored.

We ourselves pay for 2 extra hours of private physical therapy for Will. He would not be in the situation that he is in right now if it were not for that extra therapy. And following Senator Simon's suggestion, perhaps there might be a deduction for that kind of expense that is clearly available to parents for therapeutic assistance, whether it be physical, speech, or otherwise.

Senator WEICKER. I have no further questions. There might be further questions for the panel from various Senators for response for the record.

Again, I want to thank you for giving of your time. I can only assure you as far as this subcommittee is concerned that there will be a reauthorization of the bill. So don't anybody feel that because of the administration testimony that your time has been wasted. There will be a reauthorization bill.

Thank you very much.

I might add, Will is a lot better behaved than my son. [Laughter.]

Our third panelist is Sandy Parrino, who is chairperson of the National Council on the Handicapped. That is the group that did the report which I referred to early on in the testimony, and I have just started to get into it. It is a very valuable piece of work, one that I commend to the Nation as a whole.

Accompanying Sandy, I see Lex Frieden. Lex, of course, is the executive director.

Sandy, you can proceed. Your testimony in its entirety will be included in the record, and we look forward to hearing from you.

STATEMENT OF SANDRA SWIFT PARRINO, CHAIRPERSON, NATIONAL COUNCIL ON THE HANDICAPPED, WASHINGTON, DC, ACCOMPANIED BY LEX FREDEN, EXECUTIVE DIRECTOR, AND ANDREA FARBMAN, STAFF SPECIALIST

Ms. Parrino. Good morning.

I would like to personally thank the chairman and members of the Senate Subcommittee on the Handicapped for this opportunity to discuss the discretionary programs of the Education for the Handicapped Act.

I certainly understand your switching the panels around, Senator, but that little boy is a very hard act to follow.

I am joined this morning by the executive director of the National Council on the Handicapped, Lex Freden, and by Andrea Farbman, who is a new staff specialist with the Council.

This reauthorization of Public Law 94-142 is of great interest to the National Council on the Handicapped. It is of personal interest to me. I am the mother of two disabled children, one who is 20 years old and went through 12 years of public education. He is severely disabled; he is a wheelchair user. And I have a young 9-year-old son who has a severe learning disability.

The National Council on the Handicapped, as you know, has just completed a report called, Toward Independence. It took more than a year to accomplish and involved the members of the Council, the staff, and consulting with over 2,000 disabled Americans around the country.

We appreciate, Senator Weicker, receiving this report last week at our reception. In our report, we prioritize 10 critical topic areas, 1 of which is called, "Educating Children with Disabilities." I would like to read the four recommendations from that topic:

> 1. Congress should amend the Education for All Handicapped Children Act to encourage States to make available a free, appropriate public education to every disabled child from birth through age 21.
> 2. Congress should direct the Department of Education to promulgate and enforce standards for the application of the least restrictive environment requirement.
> 3. Congress should direct the Office of Special Education Programs to fund a National Technical Assistance Center to help parents and State and local education agencies plan and develop educational options for children with special needs.
> 4. Congress should direct the Secretary of Education and the Chairperson of the National Council on the Handicapped to establish a National Commission for the Study of Excellence in Special Education.

The National Council has also written a report, focused strictly on the Education for the Handicapped Act. This was prepared by a number of Council members and advisors that were brought in to work together.

Of those recommendations, I would like to highlight the recommendations which pertain to discretionary programs. First, that services be provided for children from birth on; also, that States be required to submit State plans for transition, and that discretionary grants be made available to States for planning, developing, and implementing these transitional plans.

A second major way we believe that parents receive assistance is by providing discretionary grants for parent information and training centers in every State.

With your permission, Mr. Chairman, I would like to ask that we be able to submit our detailed report for incorporation into the record.

Senator WEICKER. It will be included in the record at this point.

Ms. PARRINO. In closing I would like to mention the Harris Poll that the Council has commissioned. It is the first ever to poll disabled people around the country.

Last week, we received preliminary results from this poll. Some of the good news—and I think this should be of interest to you—life has improved for disabled people in America because of laws passed by the Federal Government.

Not so good news is that disabled Americans are truly a disadvantaged group. They are less educated than other people, have fewer jobs and less money, and they have not begun to meet their potential.

Emerging from the poll results, we are seeing some startling facts. One example: 62 percent of disabled Americans between the ages of 16 and 64 are not working. We will have the final results of that poll in mid-March.

Mr. Chairman, we hope to have the opportunity to come before this committee again to discuss the other parts of our report.

Thank you.

[The prepared statements of Ms. Parrino and the National Council on the Handicapped follow:]

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Federal Agency**

STATEMENT OF: MRS. SANDRA S. PARRINO. CHAIRPERSON
NATIONAL COUNCIL ON THE HANDICAPPED

BEFORE THE: SENATE SUBCOMMITTEE ON THE HANDICAPPED

REFERENCE: HEARINGS ON DISCRETIONARY PROGRAMS OF THE
EDUCATION OF THE HANIDCAPPED ACT (AS AMENDED
BY PUBLIC LAW 98-199)

DATE: FEBRUARY 4, 1986

I AM SANDRA S. PARRINO, CHAIRPERSON OF THE NATIONAL COUNCIL ON THE HANDICAPPED. I WOULD LIKE TO PERSONALLY THANK THE CHAIRMAN AND MEMBERS OF THE SENATE SUBCOMMITTEE ON THE HANDICAPPED FOR GIVING THE NATIONAL COUNCIL ON THE HANDICAPPED THE OPPORTUNITY TO DISCUSS THE DISCRETIONARY PROGRAMS OF THE EDUCATION OF THE HANDICAPPED ACT (AS AMENDED BY PUBLIC LAW 98-199).

AS YOU KNOW, THE NATIONAL COUNCIL ON THE HANDICAPPED HAS JUST COMPLETED A REPORT TITLED, TOWARD INDEPENDENCE, WHICH IS THE RESULT OF OVER A YEAR'S WORK ON THE PART OF COUNCIL MEMBERS, STAFF, DISABLED CONSUMERS AND ADVISORS. I MIGHT ADD A NOTE OF APPRECIATION AT THIS POINT TO SENATOR WEICKER FOR GRACIOUSLY ACCEPTING A COPY OF THE REPORT LAST WEEK AND SETTING THE STAGE FOR PEOPLE TO ENDORSE AND SUPPORT OUR IDEAS.

YOU, THE CONGRESS, CHALLENGED US TO "ASSESS THE EXTENT TO WHICH SUCH PROGRAMS (FEDERAL PROGRAMS AND STATUTES RELATED TO DISABLED PERSONS) PROVIDED INCENTIVES OR DISINCENTIVES TO...COMMUNITY-BASED SERVICES FOR HANDICAPPED INDIVIDUALS AND PROMOTED FULL INTEGRATION OF SUCH INDIVIDUALS IN THE COMMUNITY, IN SCHOOLS. AND IN THE WORKPLACE..." (SEC. 401 (b)(3))

OUR ASSESSMENT RESULTED IN THE PRIORITIZATION OF TEN CRITICAL TOPIC AREAS, ONE OF WHICH WAS "EDUCATING CHILDREN WITH DISABILITIES." KNOWING THE COMMITMENT AND INTEREST OF SUBCOMMITTEE MEMBERS IN THE EDUCATION OF HANDICAPPED CHILDREN, I WOULD LIKE TO READ THE FOUR RECOMMENDATIONS ON EDUCATION:

1. CONGRESS SHOULD AMEND THE EDUCATION FOR ALL HANDICAPPED CHILDREN ACT TO ENCOURAGE STATES TO MAKE AVAILABLE A FREE APPROPRIATE PUBLIC EDUCATION TO EVERY DISABLED CHILD FROM BIRTH THROUGH AGE TWENTY-ONE.

2. CONGRESS SHOULD DIRECT THE DEPARTMENT OF EDUCATION TO PROMULGATE AND ENFORCE STANDARDS FOR THE APPLICATION OF THE LEAST RESTRICTIVE ENVIRONMENT REQUIREMENT; SUCH STANDARDS SHOULD CLARIFY THAT THE PRIMARY DETERMINANT OF WHICH EDUCATIONAL SETTING IS LEAST RESTRICTIVE IS THE EDUCATIONAL APPROPRIATENESS OF THE PROGRAM.

3. CONGRESS SHOULD DIRECT THE OFFICE OF SPECIAL EDUCATION PROGRAMS TO FUND A NATIONAL TECHNICAL ASSISTANCE CENTER TO HELP PARENTS AND STATE AND LOCAL EDUCATION AGENCIES PLAN AND DEVELOP EDUCATIONAL OPTIONS FOR CHILDREN WITH SPECIAL NEEDS.

4. CONGRESS SHOULD DIRECT THE SECRETARY OF EDUCATION AND THE CHAIRPERSON OF THE NATIONAL COUNCIL ON THE HANDICAPPED TO ESTABLISH A NATIONAL COMMISSION FOR THE STUDY OF EXCELLENCE IN SPECIAL EDUCATION.

IN ADDITION TO THE COUNCIL'S SPECIAL REPORT, TOWARD INDEPENDENCE, THE COUNCIL HAS BEEN WORKING FOR THE PAST FEW MONTHS ON A REPORT FOCUSED STRICTLY ON THE EDUCATION FOR THE HANDICAPPED ACT. IT WAS PREPARED BY A TASK FORCE OF COUNCIL MEMBERS AND ADVISORS AND DETAILS RECOMMENDATIONS AND PROVIDES RATIONALES FOR OUR IDEAS.

OF THOSE RECOMMENDATIONS, I WOULD LIKE TO HIGHLIGHT SEVERAL WAYS IN WHICH THE LEGISLATION CAN BE AMENDED TO PROVIDE ASSISTANCE TO FAMILIES WITH DISABLED CHILDREN. AS A PARENT OF TWO DISABLED CHILDREN I UNDERSTAND THE IMPORTANCE OF OUR RECOMMENDATIONS.

BRIEFLY, THE NATIONAL COUNCIL ON THE HANDICAPPED IS COMMITTED TO EXTENDING THE AGE RANGE OF CHILDREN WHO CAN RECEIVE SPECIAL EDUCATION SERVICES TO BIRTH THROUGH 21 YEARS OF AGE. THIS EFFECTS PRE-SCHOOL INITIATIVES, SECONDARY EDUCATION AND TRANSITIONAL SERVICES, AND POST-SECONDARY EDUCATION. TOWARD THAT END WE ARE ADVOCATING:

1. SERVICES BE PROVIDED FOR CHILDREN FROM BIRTH AND

STUDENTS BELOW AGE THREE BE COUNTED TO GENERATE FUNDS FOR PRE-SCHOOL INITIATIVE GRANTS.

2. STATES BE REQUIRED TO SUBMIT PLANS FOR ONGOING TRANSITIONAL SERVICES WHICH INCLUDE INVOLVEMENT OF EMPLOYERS.

3. DISCRETIONARY GRANTS BE MADE AVAILABLE TO STATES FOR PLANNING, DEVELOPING AND IMPLEMENTING TRANSITIONAL PROGRAMS.

THE SECOND MAJOR WAY WE BELIEVE THAT PARENTS COULD RECEIVE ASSISTANCE IS BY PROVIDING DISCRETIONARY GRANTS FOR PARENT INFORMATION AND TRAINING CENTERS IN EVERY STATE. THIS CHANGE COULD ONLY IMPROVE THE OVERALL SYSTEM OF SERVICE DELIVERY TO HANDICAPPED CHILDREN AND YOUTH

IN THE INTEREST OF TIME I SHALL NOT READ THE OTHER RECOMMENDATIONS ON TRAINING AND RESEARCH. WITH YOUR PERMISSION, MR. CHAIRMAN, I WOULD ASK THAT WE BE ABLE TO SUBMIT OUR DETAILED REPORT ON THE EDUCATION OF THE HANDICAPPED ACT FOR INCORPORATION INTO THE RECORD.

I WOULD JUST LIKE TO CLOSE BY REFLECTING ON THE FACT THAT AS I SIT IN FRONT OF YOU TODAY WE CAN LOOK BACK ON OVER TEN YEARS OF HISTORY OF THE EDUCATION OF THE HANDICAPPED ACT, PL 94-142. WE HAVE INDEED COME A LONG WAY BUT WE CAN'T STOP HERE; WE MUST CONTINUE TO FORGE AHEAD TO PROVIDE THE BEST EDUCATION POSSIBLE FOR CHILDREN WITH DISABILITIES IN THIS COUNTRY.

THANK YOU. I WOULD BE HAPPY TO ANSWER ANY QUESTIONS.

NATIONAL COUNCIL ON THE HANDICAPPED

REPORT ON: REAUTHORIZATION OF THE EDUCATION OF THE HANDICAPPED ACT

SUBMITTED TO: SENATE SUBCOMMITTEE ON THE HANDICAPPED

DATE: FEBRUARY 4, 1986

NATIONAL COUNCIL ON THE HANDICAPPED
Suggestions for Reauthorizing the Education of the Handicapped Act

OVERVIEW

As an independent Federal agency, the National Council on the Handicapped is charged with reviewing all laws, programs and policies of the Federal government affecting disabled persons and making recommendations to the President, the Congress and other Executive Branch officials. Whereas many government agencies deal with selected issues and programs affecting persons with disabilities, the National Council on the Handicapped is the only Federal agency whose mission relates to all issues of public policy relating to persons with disabilities.

The Education of the Handicapped Act (as amended by Public Law 98-199) stands as a landmark piece of legislation for children with disabilities in the United States. In the years since its enactment, much has been learned about the programs and activities made possible by the Act. A number of other significant changes also have taken place in the American education system and the community of Americans with disabilities. Over the past year, these developments have been reviewed by Council members through public hearings and meetings with experts, including both consumers and professionals.

An analysis of the input from consumers and professionals has resulted in some twenty-two (22) recommendations. The presentation of these views is consistent with the mandate of the Council. The recommendations are those of the Council and do not necessarily represent those of the Administration. This report has not been reviewed within the Executive Branch and has not been coordinated or cleared under the Office of Management and Budget's Circular No. A-19 procedure.

Briefly, the recommendations include: establishment of a National Commission for the study of excellence in special education; expansion of the age range to birth through twenty-one years of age; involvement of disabled children in IEP planning process; expansion of procedural safeguards; enhancement of regional resource centers; extension of services for deaf-blind children and adults to include all severely disabled individuals; provision of discretionary grants for transitional services; establishment of parent information and training centers; and several new research provisions.

The recommendations are organized by Title and Section within the Act, as can be seen in the Summary Chart following this overview. Each recommendation is constructed in the same way: after citation of the Section, a one-sentence summary of the proposed change is provided. This is followed by whatever level of detail is required (e.g., specific proposed wording changes in the Act) to indicate the Council's intent. A second part of each recommendation item is a rationale for the proposed change.

A SUMMARY OF RECOMMENDED CHANGES
IN EDUCATION OF THE HANDICAPPED ACT

PART A. GENERAL PROVISIONS

1. Section 604. National Advisory Committee on the Education of Handicapped Children and Youth. Delete committee.
2. Section 607. Grants for the Removal of Architectural Barriers. Implement grants.
3. Section 609 (New). National Commission for the Study of Excellence in Special Education. Initiate commission.

PART B. ASSISTANCE FOR EDUCATION OF ALL HANDICAPPED CHILDREN

1. Section 611. Settlements and Allocations. Avoid funding cuts and address funding discrepancies.
2. Section 611. Settlements and Allocations. Change language of Act to promote early intervention.
3. Section 612. Eligibility. Take parent/guardian views into account in determining child's school environment intervention.
4. Section 613. State Plans. Provide for case management of services.
5. Section 614. Application. Involve students in IEP process.
6. Section 615. Procedural Safeguards. Bar state agency employees from conducting appeal hearings and inform parents about legal representation.
7. Section 618. Evaluation. Conduct evaluative studies of children with disabilities.
8. Section 619. Incentive Grants. Count students below age three for incentive grants.

PART C. CENTERS AND SERVICES TO MEET SPECIAL NEEDS OF THE HANDICAPPED.

1. Section 621. Regional Resource Centers. Enhance centers' activity and funding.
2. Section 622. Services for Deaf-Blind Children and Adults. Extend these provisions to all severely disabled children.
3. Section 626. Secondary Education and Transitional Services for Handicapped Youth. Require state plans for ongoing transitional services and employer involvement.
4. Section 626. Secondary Education and Transitional Services for Handicapped Youth. Provide discretionary funding to all states.

PART D. TRAINING PERSONNEL FOR THE EDUCATION OF THE HANDICAPPED

1. Section 631. Grants for Personnel Training. Provide closer link between funding and state needs and plans regarding teacher shortages.

2. Section 633. Grants to Improve Recruitment of Educational Personnel and Dissemination of Information Concerning Educational Opportunities for the Handicapped. Provide priority for programs that bring parents, students, employers and educational personnel together.
3. Section 633. Grants to Improve Recruitment of Educational Personnel and Dissemination of Information Concerning Educational Opportunities for the Handicapped. Provide discretionary funding for parent information and training centers in all states.

PART E. RESEARCH IN THE EDUCATION OF THE HANDICAPPED

1. Section 641. Research and Demonstration Projects in Education of Handicapped Children. Provide funding for knowledge transfer projects.
2. Section 641. Research and Demonstration Projects in Education of Handicapped Children. Provide increased funding for integrating technology in classrooms.
3. Section 641. Research and Demonstration Projects in Education of Handicapped Children. Provide funding for studies of diagnostic procedures.
4. Section 641. Research and Demonstration Projects in Education of Handicapped Children. Provide funding for studies of least restrictive environment.

PART F. INSTRUCTIONAL MEDIA FOR THE HANDICAPPED

No changes recommended.

Each recommendation is constructed in the same way: after citation of the Section, a one-sentence summary of the proposed change is presented. This is followed by whatever level of detail is required (e.g., specific proposed wording changes in the Act) to indicate the Council's intent. A second part of each recommendation item is a rationale for the proposed change.

RECOMMENDATIONS

PART A. GENERAL PROVISIONS

1. Section 604. National Advisory Committee on the Education of Handicapped Children and Youth. The Council recommends that the provision for this Committee be deleted.

Rationale: The Committee would duplicate the responsibilities of the National Council on the Handicapped. It would result in an unnecessary added cost in terms of personnel and funding.

2. Section 607. Grants for the Removal of Architectural Barriers. The Council recommends that this Section of the Act be fully implemented.

Rationale: States and local school districts have not received the benefits of this section of the law nor the funds appropriated. Implementation of this part of the Act could help speed the implementation of programs in less restrictive environments.

3. (New) Section 609. National Commission for the Study of Excellence in Special Education. The Council recommends that the Congress direct the Secretary of Education and the Chairperson of the National Council on the Handicapped to establish a National Commission for the Study of Excellence in Special Education.

Rationale: Research and successful programs in special education have contributed significantly to progress in addressing the many challenges faced by children with disabilities in receiving an education that prepares them for success in adult life. These same activities also have highlighted new challenges and unmet needs which the current system of services does not fully address. The Council strongly recommends that an independent National Commission for the Study of Excellence in Special Education be established in order to study current problems and shortfalls, and to focus realistic goals and practical recommendations for their pursuit in the coming decade. Such a Commission would help America prepare for a more successful special education system by the year 2000, and help parents, educators, legislators and others responsible for the education of disabled children to apply available resources in the ways most likely to achieve these goals.

The National Commission on Excellence in Special Education would be designed to:

*examine and report on the benefits of early diagnosis and intervention
*recommend ways in which states and local education agencies can work more effectively with parents
*assess the impact of special education programs on improving the quality of services rendered to children with disabilities
*recommend ways that families and communities can address the efficacy of various educational settings for meeting the educational and social needs of all children with disabilities
*examine various alternatives for increasing the involvement of the private sector in formulating effective programs to ease the transition of students with special needs into adult life
*identify best practices in all aspects of the education of students with special needs.

The Commission would provide an opportunity to focus public attention on the distinction between "excellence" and "adequacy" in special education. Many public school districts pride themselves on their commitment to "excellence", rather than mere "adequacy", in regular education. The minimal requirement in the Education of the Handicapped Act that special education be at least "appropriate" need not be interpreted as a mandate that it remain merely adequate. If a community is willing and able to commit itself to excellence in regular education, it may be inspired by the findings and recommendations of this Commission to devote more resources and imagination to achieving excellence in services for their children with disabilities.

The Commission also would be designed to promote greater collaboration between special education and general education at the local and national levels, since its focus on excellence in special education could be tied directly to the Educational Reform movement in the United States. Cross-cutting issues, such as whether and how to extend the provisions of the Education of the Handicapped Act to gifted students and other special needs groups within the schools, also could be considered in this context.

The Commission would be composed of persons in leadership roles in educational policy formulation, research, administration and practice; consumer advocates including both parents and disabled persons who have been through the American special education system; persons familiar with the medical aspects of disabilities and their prevention; and persons from the private sector who can speak to the relationship between education and employment.

Support for the Commission would come both from public and private sources. The final report of the Commission would be submitted to the Congress and to the President; to the National Council on the Handicapped; to the Department of Education; and to the professional and general public. A special committee of the Commission, with appropriate staff support, would be charged with the specific responsibility of facilitating the wider utilization of results from the Commission's activities and report, via:

*special reports and presentations to appropriate Federal and State bodies
*reports and presentations to appropriate professional organizations and associations of educational administrators
*reports to appropriate consumer organizations
*reports to the general public via the mass media and popularized treatments of main study findings in large-circulation magazines, newspapers and television programs (through this committee separate private financial support would be sought for the development of a series of video programs presenting major issues and findings of the Commission in a series designed for broadcast television and for non-broadcast presentation in educational settings)

PART B. ASSISTANCE FOR EDUCATION OF ALL HANDICAPPED CHILDREN

1. Section 611. Settlements and Allocations. The Council strongly recommends that Congress address the discrepancy between the original authorization for this act (40% of the average per pupil expenditure) and the current level of funding. It is further recommended that the Congress should not reduce federal support for this act, but at the least, maintain support at the current funding level.

Rationale: As part of overall efforts to achieve a balanced budget and otherwise deal with fiscal realities at the Federal level, several proposals have been made to the Congress recently regarding severe cutbacks in funding for services to handicapped children. Competition for resources at the local level also is intense. The Council recognizes the fiscal crisis, yet believes firmly that cuts in funding for children with disabilities not only will result in denial of needed services, but also will greatly increase the future burden on society for care of adults who otherwise might have been able to live independently or even to work in the competitive labor market. While it is indeed the responsibility of state and local governments to provide education for handicapped children, the Council reaffirms that it is in the national interest for the Federal government to assist in funding, as well as to provide leadership in policy development, research and demonstration efforts.

2. Section 611. Settlements and Allocations. The Council recommends that the language of subsection (a)(1)(A) be changed to read "handicapped children aged zero to twenty-one, inclusive".

Rationale: Early intervention has been clearly established as cost-effective and vital in providing full opportunities for children disabled at birth. Such a change in language would enlarge the funding base for early intervention services provided through the Act.

3. Section 612. Eligibility. The Council recommends the language of subsection (5) of this Section be modified to require the views of the parent/guardian to be taken into account when determining which of the available regular or special education environments is most appropriate for a given child.

Rationale: The concept of Least Restrictive Environment has become a double-edged sword for many parents of handicapped children. While most would agree that this concept promotes independence and mainstream life experience for their children, many have found that the practical reality in their own local setting is that the best education for their son or daughter is available in a special rather than a mainstream setting. For example, hearing impaired and visually impaired children may need certain special services not available in the mainstream learning environment in order to maximize their educational opportunities.

Parents need and want a voice in determining the appropriate learning environment for their children-- and especially for the very young child, the parent may have access to information and insight that educational personnel do not. Thus the parents' point of view needs to be taken seriously when judging what learning environment is most appropriate for a given child. Moreover, the proposed new language for this section ("most appropriate" as opposed to simply "a free appropriate education" in the current Act) would encourage local education agencies to consider carefully how available service resources can best be custom-tailored to the special needs of each child.

4. Section 613. State Plans. The Council recommends a new item (13) be added to subsection (a): "(13). Each State Plan shall contain a provision ensuring that all local school districts in the state have plans for case management of all services to the handicapped provided in that district. The local school system must assure, through the description of a specific system, that all provided services are monitored on behalf of the child, parent and Committee on the Handicapped. This system will fix responsibility for coordination and monitoring of all services the child receives from various entities, so there is a single

coordinating body. Further, at age 13 and each year thereafter, the Committee on the Handicapped (with input from parents and from the child) will determine whether a student is likely to need adult services. If so, the case management entity will have responsibility for coordinating the preparation of a Developmental Plan for the student, assuring continuity of services after the student leaves the educational system at age 21."

Rationale: It is typical among those agencies serving adults with special needs in our society to develop a case management system which places the responsibility for the coordination and monitoring of services in the hands of one individual or department, while the services may actually be provided by a multitude of entities. A school system is no different when special education may include a wide range of clinical services as well as the educational therapies available in the classroom. Case management as part of the State Plan would help to insure proper coordination of all these services, minimizing conflicts or overlaps and promoting more effective education of the handicapped child.

Children from the ages of 13 (about grade 7) should begin the process of preparing to enter into a non-school world. Typically, students with disabilities are not prepared to access traditional services beyond the school system, and often are left unattended at age 21. Further, it is at this age or grade that students may need additional services beyond the educational system, many of them available from local community agencies. These services may include: socialization/recreation, prevocational training, social therapy services (e.g., drug or alcohol counseling, family therapies, etc.), work experience programs, etc. A Developmental Plan for each child would specify both special services needed from age 13 until the end of the school experience, and would prepare an initial plan for the individual after leaving the school system, especially if the person needs to be received by another agency (e.g., a state vocational rehabilitation agency) for further services.

5. Section 614. Application. The Council recommends that the language of subsection (a)(5) of this Section be modified to ensure that students with disabilities will be appropriately involved in the development and review of their Individualized Educational Plans, and that such plans include attention to work training and preparation as well as other services that may enhance the transition from school to adult life and work. The students should be at the junior high school level and have sufficient capacity to understand the implications and meaning of the IEP process. Further, the application must show evidence that the applying body makes available to disabled students in its domain appropriate education and training about how to participate in plan development.

Rationale: There is at present no consistent mandate for the involvement of students in developing the plans that will so profoundly affect their lives, yet many students are fully capable of such participation. In fact, their involvement can itself be an educational and esteem-enhancing experience. For students to participate meaningfully, however, they must be trained to do so, hence the requirement for evidence of training availability in local educational systems.

6. Section 615. Procedural Safeguards. The Council recommends that the current language of this Section be modified by adding the following sentence at the end of (c):"Hearings pursuant to the requirements of this paragraph shall be conducted by an impartial, qualified hearing officer not employed by the school district or state agency." Also, the language of this section should be modified to stipulate that parents must be informed by the school district, at the time the hearing is scheduled, when an attorney representing the district will be present and to give the parents the option of bringing their own attorney.

Rationale: An amendment to assure impartial review focused on the needs of the child is consistent with the Act's clear focus on individualization of programming, and on equipping the parent to act as an effective monitor of placement suitability. At present, the law does not prevent a state official from acting as a hearing officer in cases where they are, in fact, highly likely to be involved in the policy being challenged by the hearing. Carefully drafted standards for selection of impartial hearing officers by state agencies also should be created.

7. Section 618. Evaluation. The Council recommends that the provisions of this section of the Act be more fully implemented by commissioning one or more comprehensive evaluative studies of children with disabilities in the United States, including the nature of their disabling conditions, the services they are receiving, their environments (including the role of parents and consumer organizations), and current services shortfalls. Results of this research could be used for various purposes, including input to the proposed National Commission for the Study of Excellence in Special Education described above. These results also could be coordinated with evaluative research authorized under this section on the impact and effectiveness of the various programs the Act has initiated.

Rationale: There is a need for more comprehensive information on children with disabilities and their educational and life environments than is currently available from any one source. Such input can be used to guide policy, to inform research investigations, and to undergird administration of service delivery programs. In particular, this comprehensive database would make much more meaningful the evaluation studies called for in the original Act, and which the Council strongly encourages.

8. Section 619. Incentive Grants. The Council recommends that students below age three be counted to generate funds for Preschool Incentive Grants.

Rationale: This provision would further encourage early intervention services, especially collaborative efforts among the medical, educational and human service agencies that can be supported by the Incentive Grant program.

PART C. CENTERS AND SERVICES TO MEET SPECIAL NEEDS OF THE HANDICAPPED

1. Section 621. Regional Resource Centers. The Council recommends that these successful Centers be enhanced to provide further support of information and technical assistance to state education agencies and other service providers.

Rationale: The Regional Resource Centers have been a cost-effective way of providing information dissemination and technical assistance consultation to many state educational systems in the United States. Their resources also have proved valuable to consumer organizations, to rehabilitation agencies and other human service providers, and to researchers and scholars in the rehabilitation and special education fields.

2. Section 622. Services for Deaf-Blind Children and Youth. The Council recommends that the provisions of this Section be expanded to include all children with very severe disabilities.

Rationale: As a majority of the deaf-blind school-aged children from the rubella epidemic move through the schools and the number and complexity of various other categories of severely disabled children increase in the schools, this is the ideal time for such an expansion to take place. This in no way should minimize services to deaf-blind students, but rather maximize the use of resources for all severely disabled students.

3. Section 626. Secondary Education and Transitional Services for Handicapped Youth. The Council recommends that all state educational agencies receiving funding under the provisions of

this Section be required to submit as a condition of funding a state plan for ongoing transitional services, including plans for involvement of employers in the services provided.

Rationale: Transitional programs have tended to be relatively isolated efforts in many communities, not well-coordinated with statewide plans for education of the handicapped, and often not well-known to public or private sector employers. If such programs are to have maximum payoff, they must become institutionalized at both the service delivery level and in the operations of local employers. Linkage mechanisms such as trade associations, unions, business and industry councils and other entities also can be used as part of this process. In particular, employers need to be informed about the tax advantages and other benefits of hiring persons with disabilities.

4. Section 626. Secondary Education and Transitional Services for Handicapped Youth. The Council recommends that discretionary grants to all states be made available for planning, development and implementation of transitional programs.

Rationale: Statewide implementation of transitional services must be accomplished as quickly as possible, and this is more efficiently done if state policy and resource allocations are affected.

PART D. TRAINING PERSONNEL FOR THE EDUCATION OF THE HANDICAPPED

1. Section 631. Grants for Personnel Training. The Council recommends that there be a closer link between the allocation of funds within a state to the state's Comprehensive System of Personnel Preparation and the data on teacher supply and demand.

Rationale: Teacher shortages are real, and will increase over the next five years. Training funds need to be tied more directly to statistics on present and future personnel requirements, so that allocations can be made where they will have the most impact.

2. Section 633. Grants to Improve Recruitment of Educational Personnel and Dissemination of Information Concerning Educational Opportunities for the Handicapped. The Council recommends that the language of this section be modified to provide priority for supporting model programs that bring educational personnel, parents, students and employers together to learn about the value of work experience and employment for disabled students, and to learn how they can all work together to enhance students' opportunities for meaningful participation in the labor market.

Rationale: Public-private sector partnerships can be developed through funding of model programs to heighten cooperation between educational agencies and employers regarding work experience and hiring programs for the disabled (including both competitive and sheltered employment opportunities). Involvement of parents, students, employers and educational personnel together in educational efforts not only can help to build opportunities, but also reduce misconceptions and barriers to communication that have traditionally existed between and among these groups.

3. Section 633. Grants to Improve Recruitment of Educational Personnel and Dissemination of Information Concerning Educational Opportunities for the Handicapped. The Council recommends that discretionary funds be made available through this Section that would insure the existence of a parent information and training center in every State.

Rationale: Information and training can help parents become more effective in meeting the educational and psychological needs of their disabled children, and in serving as advocates promoting further improvement in the overall system of service delivery.

PART E. RESEARCH IN THE EDUCATION OF THE HANDICAPPED

1. Section 641. Research and Demonstration Projects in Education of Handicapped Children. The Council recommends that the language of this Section be modified to provide for funding of programs that will encourage the transfer of validated research findings and programs of excellence in special education to new settings.

Rationale: Too often the findings from federally-sponsored research or from programs of excellence developed out in the field are not transferred into new settings, either because the potentially worthwhile innovations are not widely known, or because technical assistance for the transfer effort is not available. The payoff from these activities would be much greater if more consistent knowledge transfer efforts were made. The development of such efforts should be coordinated with similar activities in general education and rehabilitation, so that there can be additional "cross-pollination" of new knowledge in these related fields.

2. Section 641. Research and Demonstration Projects in Education of Handicapped Children. The Council recommends that increased discretionary funds be made available to develop and implement procedures to effectively integrate new technologies into curriculum and classroom activities.

Rationale: Computers, assistive devices amd software have the potential for increasing the independence, productiveness and happiness of children with disabilities, and to prepare them for more independent and satisfying lives as adults. But these new technologies must be accessible to classroom teachers and other professionals, through applied research studies aimed at learning how applications should take place; through knowledge transfer programs to convey the new technology to local educational settings; and through in-service training for educational personnel to ensure efficient and effective use of the new technologies.

3. Section 641. Research and Demonstration Projects in Education of Handicapped Children. The Council recommends that discretionary funds be made available through this Section for research investigations of diagnostic procedures in local education systems and their consequences for students.

Rationale: Incorrect or incomplete diagnosis of Learning Disability or Mental Disability can have profound consequences for children. For example, mis-diagnosing a child as learning disabled largely because of acting-out behavior may have negative impacts in terms of self-esteem, inappropriate services being rendered, stigma, etc. Research is needed on error rates in routine diagnostic activities, and on how the quality of diagnostic procedures can be improved so that inappropriate "labeling" is less likely to occur.

4. Section 641. Research and Demonstration Projects in Education of Handicapped Children. The Council recommends that discretionary funds be made available through this Section for policy-oriented research on the philosophy of Least Restrictive Environment and its consequences for education of children with disabilities.

Rationale: This influential concept has been prominent in the minds of many educational policy-makers and researchers over the last several years, yet it is difficult to determine exactly how the term has been translated into educational practice. A policy-oriented study that would look at impact in local educational settings, and integrate the current knowledge base on this topic, could help to insure that the concept of Least Restrictive Environment is implemented in appropriate ways in the future.

PART F. INSTRUCTIONAL MEDIA FOR THE HANDICAPPED

No changes recommended.

Senator **Weicker**. Obviously, with your preliminary results in hand, the field work has been done on that poll. Is there any possibility that you might be able to fill that out a little bit further for the committee when we have our second hearing on February 21? Do you think you can do that, because I think it is important to have a forum which will get attention, and I would be more than glad to have you return as a witness before the committee for that specific purpose. I think this could be enormously useful.

Ms. **Parrino**. Yes, we certainly could do that. What I think is emerging is that our report, which was started long before we commissioned the Harris poll, is like a blueprint, and it outlines what we feel should be done. The Harris poll seems to be saying why it should be done. So they happen to work very well together, and we would certainly be happy to come back.

Senator **Weicker**. I think the figures to remember as we move to the budget considerations in the weeks ahead is what was supposed to be the Federal commitment—40 percent was supposed to be the Federal commitment to special education.

What is the highest we have reached up to this point? Staff tells me 10 percent. So here, the legislation was devised and the goals were set. Never mind any 40 percent; at 10 percent—and if I am not mistaken, we have been as low as 7 to 8 percent. If anybody thinks we can cut that, just forget it. If we are going to do something, let us do it right, or do not do it at all. And I just think that—and then when I hear this type of a statement coming forth relative to the status in terms of jobs, of the disabled population, we can lay that at our own doorstep. And also, the converse is true, that if we do put the money in here, how enormously productive that can be in budgetary terms—let us forget the human terms, but in budgetary terms.

Ms. **Parrino**. Senator, the National Council has comments and recommendations on that whole area you just mentioned, which we did not feel were appropriate to make at this hearing, but we will certainly be glad to make them. They are in this report, and we would be glad to make them in the future.

Senator **Weicker**. Thank you very much.

Senator Simon.

Senator **Simon**. First of all, I thank you for your report. Back a few years ago, I sponsored an amendment to the Rehabilitation Act to make your agency independent of the Education Department, and I think what you have reported is ample justification for that independence. You are saying things that need to be said.

Let me comment just briefly on this whole revenue appropriation discussion that seems to dominate every committee on which we serve. Gramm-Rudman simply basically says we have to live within our means, and I buy that. But to suggest that because Gramm-Rudman passed, and we have certain targets, that we should not produce the revenue to move on problems like this, that a country with a $4 trillion gross national product cannot find money to help little Will and his counterparts all over this country, I just cannot buy that for 1 minute.

I just think we have to insist that we produce the revenue to do what this great, good, rich, and I hope compassionate, country ought to do. Those are general comments.

On your point 3, the National Technical Assistance Center, I like the idea. How do we approach that in reauthorization? Obviously, there have to be studies. You cannot just all of a sudden produce that center overnight. That is your point 3, on page 2.

How do we apply that in reauthorization? What is your recommendation?

Ms. PARRINO. In our report, we have a rather extensive appendix, and in that appendix we have gone into much more detail than you will see here, and I think that that would probably be the best section to go to, and then if we have not specified, given as much information as you want, we could certainly provide it.

Senator SIMON. If you could just summarize, do you recommend that we set up some group to bring in the plans? How do we get from here to there?

Mr. FREDEN. The authority is probably already existing in the Department of Education to establish a national center of this nature, and probably, using discretionary funds that may or may not be available at the present time. It is a matter of targeting those funds and prioritizing them within the Department, and it may be possible, it seems to me, in the report language from the authorizing committee to suggest to the Department that they begin the process of developing such a center.

Senator SIMON. Well, I think we ought to follow through on that.

And then finally, on the area of appropriation, the 40-percent target of where we are supposed to be, it is my recollection—and I may be incorrect; I was on the House Budget Committee for 6 years—was that we at one point got up to a 12-percent figure, and we have been declining since that time. And we ought to be reversing this. We ought to be doing what this country ought to have the good sense to do.

I thank you for your testimony.

Thank you, Mr. Chairman.

Senator WEICKER. I thank you very much, Sandy.

I might add, I truly am excited about the work of you and your committee and your professional staff. I think this is one of the best things that has ever been done, both the report and the establishment of the Commission itself.

I am going to invite you to come back and give further testimony at our next hearing; if you could do everything you can to pull that together without rushing your final report, or the Harris poll final report, I think it would be very illuminating to all of us if we could have those kinds of figures in hand before our subcommittee markup.

Ms. PARRINO. Yes, we would be glad to.

Senator WEICKER. Thank you.

Our last panel consists of Dr. Philip Burke, director of special education, University of Maryland, and Martha Ziegler, executive director of the Federation for Children with Special Needs, from Boston, MA.

Your statements in their entirety will be placed in the record, and it is a pleasure to welcome you here. Martha, I know that Senator Kerry would have liked to personally welcome you, except that he is on a very important mission to the Philippines at this stage of the game.

Dr. Burke, why don't you proceed, and we will have the testimony of both witnesses and then have questions.

STATEMENT OF DR. PHILIP J. BURKE, DIRECTOR OF SPECIAL EDUCATION, UNIVERSITY OF MARYLAND, COLLEGE PARK, MD, AND MARTHA H. ZIEGLER, EXECUTIVE DIRECTOR, FEDERATION FOR CHILDREN WITH SPECIAL NEEDS, BOSTON, MA

Dr. **Burke**. Thank you, Senator Weicker.

Members of the Subcommittee on the Handicapped, I appreciate the opportunity to testify at this hearing to consider the reauthorization of the Education of the Handicapped Act discretionary programs

I wish to commend Senator Weicker for his inspiring and courageous leadership of this important committee. It has been possible to look to your leadership and the fine work of this committee for a consistent voice in support of excellence, efficiency and compassion on the part of all who serve the handicapped children and youth of this Nation.

The Education of the Handicapped Act must be reauthorized if we are to continue and expand the progress we have made over the past decade. The major discretionary programs of this act provide a critical balance of training, research, dissemination and demonstration that are necessary companions for achieving the excellence in services desired for all handicapped children and youth.

Now that access is being achieved, it is necessary to continue working at the improvement of quality in the services being provided.

Critical to the education of handicapped children is the presence in the classroom of competent and dedicated teachers and specialists. Access to services is meaningful only under these circumstances.

Nothing has been more central to facilitating the availability of competent personnel at all levels than part D of the Education of the Handicapped Act. The need for the reauthorization of part D is based upon well-documented shortages of critical personnel at all levels and the great need to improve programs of preparation for those personnel.

This Nation faces a critical shortage of special education teachers and other specialists. The shortages are national in scope and well-documented by reports and studies published in the past 2 years.

"The Condition of Education," a 1985 report by the National Center for Education Statistics, studied 30 fields of teaching in our Nation's public and private elementary and secondary schools. Three of the six areas or fields with the largest shortages are in special education.

In a recent survey of all 50 States conducted by the University of Maryland, personnel were asked to characterize the supply of personnel being prepared in their States. In all but four States, the study found that the current supply of new graduates is not sufficient to meet the demand.

A 1984 report by the Rand Corp. characterized the shortage of qualified teachers as serious, with the number of new entrants insufficient to meet the demand for teachers.

These critical shortages come at a time when major efforts are being made to improve the overall quality of teacher training programs, with extended programs and internships expanding rapidly; also, the use of tests prior to entrance into the profession are becoming widespread, and other measures are being tried to improve the overall quality of instruction offered in our schools.

These measures impact the overall length of training programs and the capacity to produce teachers is declining.

To illustrate my point, in my own State of Maryland, just in the past 2 years, several provisions designed to improve the quality of candidates entering the teaching profession have been passed. All teachers will be required to take and pass the National Teachers Exam as of next year. All teachers entering the professional sequence of their training must have a grade point average of 2.5 and all must pass a literacy test.

Efforts to improve the quality of teachers and specialists are to be applauded, but they frequently come at the expense of supply, unless additional resources are available. The support available under part D has been critical to both the supply and essential program support to accomplish needed improvements in programs, and its continuation is clearly justified.

Equally as critical as the supply issue is the need to improve the overall quality of pre- and inservice preparation programs. Through experimental programs, it is possible to explore and implement new procedures for the overall improvement of instruction. Critical to this effort is the special projects section of part D. Support in this area is more critical than ever, with the need to respond to the legitimate demands for the improvement in the quality of teachers and their programs of training in colleges and universities. Also needed are improved methods and programs for offering inservice education for regular and special educators.

Historically, part D began as a program for the preparation of a strong leadership cadre in special education. That purpose continues today in that portion of the law designed to train personnel for careers in special education supervision and administration, research, and teacher training.

The need for support at the leadership development level is even more critical today. With the need to expand and improve efforts to prepare competent teachers, to explore improved ways of educating handicapped children through the application of research findings, and to provide more deliberate and competent leadership, support for programs in leadership are needed now more than ever.

The program support and fellowships and assistantships available to graduate students under this section of the law are critical to the success of these efforts.

It is my firm belief that the needs in the field of personnel preparation provide overwhelming evidence that part D is a critical element of the discretionary programs in the Education of the Handicapped Act and should be reauthorized. When reviewing specific elements of the law, consideration should be given to: designating specific minimum authorization levels for subelements of the major categories, especially in the preparation areas of special educators, leadership, and special projects; revitalize the special project section to emphasize the critical importance of attempting improved approaches in personnel preparation, including both pre- and inservice models; and the critical role and mission of leadership preparation in part D should be emphasized.

Thank you.

Senator **Weicker**. Thank you very much, Dr. Burke.

[The prepared statement of Dr. Burke follows:]

United States Senate
Committee on Labor and Human Resources
Sub Committee on the Handicapped

February 4, 1986

Testimony presented by: Philip J. Burke, Ph.D.
Professor and Chair,
Department of Special Education and
Director, Institute for the Study of
Exceptional Children and Youth,
University of Maryland

Senator Weicker, Members of the Sub Committee on the Handicapped, I appreciate the opportunity to testify at this Hearing to consider the reauthorization of the Education of the Handicapped Act discretionary programs.

I wish to commend Senator Weicker for his inspiring and courageous leadership of this important Committee. It has been possible to look to your leadership and the fine work of this Committee for a consistent voice in support of excellence, efficiency and compassion on the part of all who serve the handicapped children and youth of this Nation.

The Education of the Handicapped Act must be reauthorized if we are to continue and expand the progress we have made over the past decade. The major discretionary programs of this Act provide a critical balance of training, research, dissemination and demonstration that are necessary companions for achieving the excellence in services desired for all handicapped children and youth. Now that access is being achieved it is necessary to continue working at the improvement of the quality of those services now being provided. This is accomplished under the auspices of the discretionary programs in this Act.

Nothing is more critical to the education of handicapped children thun the presence in the classroom of competent and dedicated teachers and specialists. Access to services is meaningful only under these circumstances. The availability of competent teachers and specialists is achieved through a complex interaction of research, experimentation with improved methods of preparation, and leadership exercised by Institutions of Higher Education and State Departments of Education. Competent teachers and specialists are produced by competent instructors and supervisors. Teachers must be supported by a network of competent leadership personnel in Colleges and Universities, State Departments of Education and in the Schools

Nothing has been more central to facilitating the availability of competent personnel at all levels than Part D of the Education of the Handicapped Act. The need for the reauthorization of Part D is based upon well documented shortages of critical personnel at all levels and the great need to improve programs of preparation for those personnel.

This Nation faces a critical shortage of special education teachers and other specialists. The shortages are National in scope and well documented by reports and studies published in the past two years. The Condition of Education, a 1985 report by the National Center for Education Statistics studied 30 fields of teaching in our Nation's public and private elementary and secondary schools. Three of the six fields cited as having the largest shortages were in special education. In a recent survey of all fifty states conducted by the University of Maryland, personnel were asked to characterize the supply of personnel being prepared in their states (Noel, Smith-Davis, and Burke, in press). In all but four states, the study found that the current supply of new graduates is not sufficient to meet the demand. A 1984 report by the Rand Corporation characterized the shortage of qualified teachers as serious, with the number of new entrants insufficient to meet the coming demand for teachers.

These critical shortages come at a time when major efforts are being made to improve the overall quality of teacher training programs and the candidates they graduate. The number of extended programs with internships is expanding rapidly; the use of tests prior to entrance into the profession are becoming widespread; and other measures are being tried to improve the overall quality of instruction offered in our schools. These measures impact the overall length of training programs and the capacity to produce teachers is declining. To illustrate my point, in my own state of Maryland, just in the past two years several provisions designed to improve the quality of candidates entering the teaching profession have been passed. All teachers will be required to take and pass the National Teachers Exam as of next year. All teachers entering the professional sequence of their training must have a grade point average of 2.5 and all must pass a literacy test. In addition to these measures the special education faculty at Maryland implemented a new preservice program that extends the preservice training period to five years. This was done after a great deal of study and the determination that teachers needed a greater number of clinical and practical experiences before becoming certified. To accomplish these improvements without additional resources, it was necessary to cut the special education enrollment at the undergraduate level from 644 undergraduate majors in 1978 to no more than 250 currently, with the number of graduates falling from 179 to 97 in this same period. Efforts to improve the quality of teachers and specialists frequently come at the expense of supply unless additional resources are available. The support available under Part D [Section 631, (a)(1)(A)] has been critical to both the supply and essential program support to accomplish needed improvements in programs and its continuation is clearly justified.

Equally as critical as the supply issue is the need to improve the overall quality of pre and inservice preparation programs. Through experimental programs it is possible to explore and implement new procedures for the overall improvement of instruction. Critical to this effort is the

Special Projects section of Part D [Section 631. (b)]. Support in this area is more critical than ever with the need to respond to the legimitate demands for the improvement in the quality of teachers and their programs of training in colleges and universities. Also needed are improved methods and programs for offering inservice education for regular and special educators.

Historically Part D began as a program for the preparation of a strong leadership cadre in special education. That purpose continues today in that portion of the law designed to train personnel for careers in special education supervision and administration, research, and teacher training [Section 631. (a)(1)(C,D,E)]. The need for support at the leadership development level is even more critical today. With the need to expand and improve efforts to prepare competent teachers, to explore improved ways of educating handicapped children through the application of research findings, and to provide more deliberate and competent leadership, support for programs in leadership are needed now more than ever. The program support and fellowships and assistantships available to graduate students under this section of the law are critical to the success of these efforts. The quest for excellence in providing the quality services we all desire for handicapped children and youth are tied directly to an active and viable program of support for the training of future master teachers, researchers, supervisors, administrators and teacher trainers. Though it is less well defined than the teacher shortage, it now appears that there is an expanding shortage of doctoral level graduates in several important areas. For example, at my own university it was necessary recently to readvertise and extend three searches for full time state budgeted positions for special education faculty because of a lack of qualified applicants. Also, one of these positions was carried forward from last year as the result of an unsuccessful search. As services expand in the early childhood and transitional services fields, these shortages will grow and become even more critical.

In the field of special education and speech and hearing most doctoral students are required to have extensive field experiences as a necessary prerequisite for entrance into doctoral training. As a result the doctoral student in these fields is typically older and frequently has a family and dependents at the appropriate time for doctoral study. With the average doctoral program requiring at least three years of equivalent full time study, fellowship and student support available under Part D is absolutely critical. To succeed in the preparation of the future generation of teacher educators, researchers and other leadership personnel, it will be necessary to support a strong and continuing investment in the programs in which they are prepared.

Though the overall authorizations and appropriations for Part D have been commensurate with the critical importance of its mission, the wide discretion allowed in the disbursement of that appropriation has resulted in allocations to priorities that, in my judgement, are inconsistent with the needs. This has occurred principally in three areas, the preparation of special educators, leadership personnel and special projects. Despite a widespread data base and numerous studies that have shown the critical shortage of special education teachers and other specialists, and despite increased appropriations in Part D from 49.3 million in 1983 to 61 million in 1985, the actual amount allocated for new awards for the preparation of special educators decreased form 11.1 million in 1983 to 8 million in 1985. It is difficult to reconcile this direction with the overwhelming evidence of widespread shortages of critical personnel. In 1985 the Secretary proposed the elimination of new leadership and special projects awards. Eventually, with the enactment of the appropriations bill specifically requiring that new projects be awarded, eight out of 150 new applications in the special projects competition were awarded. Given the public and professional demand for new directions in teacher education, and the repeated demands for reforms issued in the many reports from foundations, study commissions, and the professions themselves, it is difficult to reconcile the allocation of only 1.5 percent of the total appropration in personnel preparation to the award of new projects designed to investigate improvements in the training and preparation of teachers. In the leadership area only 12 new awards for a total of 1.5 percent of the total appropriation were made in 1985. The investment in leadership preparation necessary for the achievement of excellence in all programs for the handicapped is essentially ignored with this level of award.

It is my firm belief that the needs in the field of personnel preparation provide overwhelming evidence that Part D is a critical element of the discretionary programs in the Education of the Handicapped Act and should be reauthorized. When reviewing specific elements of the law consideration should be given to:

+Designating specific minimum authorization levels for sub elements of the major categories, especially in the preparation areas of special educators [Section 631.(a)(1)(A)], leadership [Section 631. (a)(1)(C)(D)(E)], and special projects [Section 631.(b)].

+Revitalize the Special Project section to emphasize the critical importance of attempting improved approaches in personnel preparation, including both pre and inservice models.

+The critical role and mission of leadership preparation in Part D should be emphasized.

Senator WEICKER. Martha?

Ms. ZIEGLER. Thank you for inviting me to be here today.

It gives me courage as a parent just being here at all, listening to you, Mr. Chairman, and to the other members of the committee.

I have prefaced my remarks with two pages of unsolicited comments from parents served by parent training and information projects across the country, and here is one more of them which is really typical of the responses we hear in all the States:

> My husband and I attended the three basic workshops. I made up my mind to get tough if necessary. As it turned out, when the school personnel realized I was trained by my local parent center, everything fell into place. They understood that my requests were based on knowledge about my son's needs.
>
> The impact on our son has been very positive. He is now being taught in a way that enables him to learn; he receives consistent reinforcement and praise, and he finally has an opportunity to reach his full potential. I can see his self-esteem growing.
>
> Reports like this one help to confirm the need for this kind of assistance to parents of children eligible for services under the Education of All Handicapped Children Act. Additional evidence of the need can be seen in the waiting lists of parents wanting to participate in workshops, in the willingness of parents to drive many miles or miss work in order to participate, and in the readiness of many school administrators to recommend this training to parents.

Information is now being collected from 58 parent training and information projects, and we shorten that, incidentally, to PTI, about activities during school year 1984-85, the first full year of implementation of this program.

Our data indicate that 210,000 contacts occurred, and this total does not include the 53,000 pieces of printed information distributed by just one parent center in South Bend, IN.

Of the 210,000 contacts, 150,000 were individual exchanges—by telephone, mail, or face-to-face—31,000 were participants in 2,000 training workshops, and 26,000 were participants in conferences and community meetings. A sample of responses to our survey indicates that participation in the training workshops breaks out as follows: About 82 percent were parents; a little over 9 percent were educators, and almost 9 percent were other service providers, volunteers and students.

Our survey instrument, a copy of which I have attached, included a section soliciting information about numbers of parents served according to a child's disability. Interestingly, few of the projects collect information on this basis.

This fact combined with other information we have collected indicates that parents are far more concerned about securing adequate services for their children and improving their own parenting skills than they are about categorizing their children with labels. And incidentally, one of the wonderful side benefits of the PTI program has, of course, been the bringing together of parents across disabilities, working together to meet the needs of all handicapped children.

It is unfortunate that Public Law 94-142 still requires stigmatizing labels in order to establish eligibility for free, appropriate public education.

Senator WEICKER. How would you change that?

Ms. ZIEGLER. I think we should go the route of Massachusetts and talk about children with special needs whose services emerge from the IEP and nowhere else. It works.

Senator **Weicker**. Will somebody make a note of that?

Go ahead. I am sorry.

Ms. **Ziegler**. That is all right. It is very important to my heart, and my autistic daughter could tell you a lot about what labels mean.

The 210,000 total contacts reported by our survey does not include two other important factors—the ripple effect and the use of television. Several projects reported that they encourage their trainees to photocopy their materials and disseminate them to additional parents. Some also have implemented a "trainer of trainers" model that prepares trainees to conduct workshops themselves, and thus reach more parents.

More and more projects are beginning to utilize television, both videocassettes and cable TV, as vehicles for training, and these audiences also are difficult to estimate.

And then we should include spouses, who are likely to hear at least something about the training or to read the printed material. So the real total may be closer to 500,000, or getting close to 10 percent of the families of the children throughout the country needing special education.

If we conservatively use the documented 210,000 number of contacts and compare with the total of about $5 million awarded to this program we find that on average, each contact costs the Government about $24, which seems like quite a bargain.

I have included in my testimony some discussion about the variety of content in the training projects and also some discussion about the sophisticated methods used in the training workshops.

Nearly all the training and information materials are now available in Spanish, and some are also available in other languages, as well as English, of course. One parent center has materials available in 11 different Asian languages. Each project establishes a newsletter, and several of these appear in Spanish, or have sections in Spanish.

The PTI projects rely heavily on networking, sharing information and resources with each other to avoid duplication of effort. All of the PTI projects conduct valuable evaluation activities, and these results show that parents believe that the skills and information they have acquired at the parent centers have enabled them to improve services for their children.

There is amazing agreement about the projects about the way they view their mission. With few exceptions, they perceive their overall goal as an effort to foster in parents the solid knowledge and competent skills needed in order to function as confident, effective parents in the education of their children. We sometimes shorthand that by calling it "parent empowerment."

I would like to close by summarizing the needs that have been identified during the first 2 years of this program and by suggesting some possible ways to meet those needs.

We are concerned that 15 States and 2 territories still do not have a parent training and information project. Filling that gap has been the highest priority of the regional technical assistance coordinators. In the next competition, March 1986, we anticipate that all but three States will at least have entered the competition.

Such technical assistance efforts will continue to occupy priority status.

Experience of the newly-funded projects has indicated that there is a need for a quick, effective way of making large numbers of parents aware of the services available through the new PTI project. Ironically, on the other hand, the older, more experienced projects like the Massachusetts Federation, for instance, have established so much credibility that the demand continually outstrips our resources.

Last week, our director of training came to me in desperation, asking, "What can we do? We are booked up through June, and we are still getting calls every day to come and do workshops for parents." And our experience is not unique, I am sure.

A final major need that has emerged is perhaps not surprising: a need for help in reaching the traditionally under-represented, underserved groups of parents. The list of these groups is much longer than you might suppose. And one of the neediest groups is one mentioned earlier this morning and one not anticipated by many of us; namely, military families with handicapped children. These latter needs are so complex that two parent centers, one in Washington State and one in Georgia, are jointly implementing a special project to develop strategies for better serving these families, and they will be sharing the information they are acquiring with the rest of us at our conference in April.

As a citizen of Massachusetts, a State that continues to lead the Nation in services for children with special needs, I must address briefly one other issue before this committee.

We are urging our Senator, Mr. John Kerry, to introduce legislation that would remedy the unintended penalties and contradictions contained in the formula for establishing the 12-percent child count cap.

We agree with Roger Brown, State director of special education in Massachusetts, that a technical amendment to Public Law 94-142 is the only long-term solution to this dilemma. If we are to serve 3- and 4-year-old children and preferably, zero to 21, these people must be included in the count, and they must be compared with the total population in those age ranges.

On behalf of the several hundred thousand parents served by the Parent Training and Information Program, I wish to thank the members of this committee for your support, and I want you to know that we take very seriously the responsibility that you have chosen to give us.

Before I go, I want to pass along to you, Senator Weicker, and I hope you will share with the other committee members, a special gift from Prof. Gunnar Divwad, of Brandeis and Syracuse Universities. I brought this because it is hot off the press. It arrived in Professor Divwad's mail on Saturday. It is a report on mainstreaming, written by two people from England who spent some time in this country back in the spring. They happened to spend their time in Massachusetts, and the report deals primarily with Massachusetts, but the findings apply all across the country. It might give us a little courage to hear the wonderful, wonderful things they have to say, that special education in this country has become "ordinary" education, and of course, they also emphasize the very important role of parents and the need for training, and so on; a little gift from Professor Divwad.

Senator **Weicker**. Thank you very much. We will certainly accept that for the record. I appreciate your bringing it to our attention. We will keep it in the committee files for possible research by others.

[The prepared statement of Ms. Ziegler and responses to questions submitted by Senator Kerry follow:]

STATEMENT OF

Martha H. Ziegler
Executive Director
Federation for Children with Special Needs

BEFORE THE

SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES
SUBCOMMITTEE ON THE HANDICAPPED

HEARING ON THE REAUTHORIZATION OF THE
EDUCATION OF THE HANDICAPPED ACT
DISCRETIONARY PROGRAMS

February 4, 1986

Impact: Comments from Individual Parents

"I was able to negotiate for the services necessary due to a large extent to the information from TASK." (California)

"I received the test I requested that had not been performed before and received special education (for my child) after being refused for two years." (California)

"We've been able to make some positive changes in our child's life specifically because of the TALCS training." (New Hampshire)

"I have learned where to go for help." (Tacoma, Washington)

"I am ready to put what I've learned to use. They can't use the same IEP for three years." (Vermont)

"I have felt intimidated by professionals in the past. The workshop helped build my confidence. I CAN do it because I have professionals I can call who will back me up." (Vermont)

"The trainings have helped me communicate with school officials about the gross procedural violations I have observed." (Syracuse, New York)

"It wasn't just the skills in a vacuum. They were really related to my needs." (Utah)

"I learned that I have rights as well as responsibilities." (Tacoma, Washington)

"I felt compelled to write you and thank you for the support and encouragement I have received from the PACER staff. My daughter is mentally handicapped and both my husband and I feel a strong responsibility in helping Amy develop to her potential...(and) become as independent as possible...I was grateful I had the opportunity to attend PACER's Communication Skills Workshop. It was at this workshop I realized the value of setting realistic goals and I received good communication tools to help me work harmoniously with school officials in making good educational choices for Amy." (Minnesota)

"They (FCSN trainers) make information clearer than school ever made it, should be a must for all parents." (Massachusetts)

"Role playing was excellent, even put me in the shoes of the SPED director!" (Massachusetts)

"I learned about things that happened to my son that were illegal and then I learned how to correct them." (Massachusetts)

TESTIMONY

Thank you for inviting me to appear before you today.

I have prefaced my remarks with two pages of unsolicited comments from parents served by Parent Training and Information projects across the country. Here is one more:

"My husband and I attended the three basic workshops. I made up my mind to get tough if necessary. As it turned out, when the school personnel realized I was trained by my local parent center, everything fell into place. They understood that my requests were based on knowledge about my son's needs."

"The impact on our son has been very positive. He is now being taught in a way that enables him to learn; he receives consistent reinforcement and praise, and he finally has an opportunity to reach his full potential. I can see his self-esteem growing."

Reports like this one help to confirm the need for this particular kind of assistance to parents of children eligible for services under the Education of All Handicapped Children Act. Additional evidence of the need can be seen in the waiting lists of parents wanting to participate in workshops, in the willingness of parents to drive many miles and miss work in order to participate, and in the readiness of many school administrators to recommend this training to parents.

Information is now being collected from 58 Parent Training and Information

Projects about their activities during school year 1984-85, the first full year of implementation of sec. 631(c) of P.L. 98-199. Our data indicate that 210,000 contacts occurred, and this total does not include the 53,000 pieces of printed information distributed by just one parent center, in South Bend, Indiana.

Of the 210,000 contacts, 150,000 were individual exchanges - by telephone, mail, or face-to-face; 31,295 were participants in 2,015 training workshops; and 26,395 were participants in conferences and community meetings. A sample of responses to our survey indicates that participation in the training workshops breaks out as follow: 81.7% (9,360) were parents, 9.6% (1,103) were educators, and 8.7% (1,001) were other services providers, volunteers, and students.

Our survey instrument, a copy of which is attached, included a section soliciting information about numbers of parents served according to the child's disability. Interestingly, few of the projects collect information on this basis. This fact, combined with other information we have collected, indicates that parents are far more concerned about securing adequate services for their children and improving their own parenting skills than they are about categorizing their children with labels. It is unfortunate that P.L. 94-142 still requires stigmatizing labels in order to establish eligibility for free, appropriate public education.

The 210,000 total reported by our survey does not include two other important factors: the ripple affect and the use of television. Several projects reported that they encourage their trainees to photocopy their materials and disseminate them to additional parents. Some also have implemented a "trainer of trainers" model that prepares the trainees to conduct workshops themselves. It is impossible to quantify this ripple effect. More and more projects are beginning to utilize television, both videocassettes and cable TV, as vehicles for training, and these audiences also are difficult even to estimate. We also should include spouses, who are likely to hear at least something about the training or to read the printed material. Thus, the real total may be closer to 500,000 per year, or as many as one tenth of the parents of the four million children needing special eduation each year.

If we conservatively use the documented 210,000 number of contacts and compare with the total of five million dollars awarded to this program, we find that on average, each contact cost the government $24, certainly a bargain.

Content of the training and information services provided by the projects includes those items listed in the law. For example, as part of the effort to help parents understand the implications of their child's handicapping condition, the projects urge parents to join and participate actively in the disability organization that represents the interests of children like theirs. In addition to the six requirements in the law, each project tries to respond to the particular needs of the parents it serves, and, of course, these needs vary from place to place and from time to time. A sampling of topics covered includes the following: education of very young children; transition to adult life; self advocacy; social skills and independent living skills; least restrictive environment; stress management; and behavior management.

Most of the PTI projects are using sophisticated methods in their training and information activities. For example, they know that education of adults requires active participation, and they therefore rely heavily on such methods as role playing, problem solving, and rehearsal. They have developed very useful "parent manuals" that are used in the training workshops and later by the parent trainees as follow up resources. Each parent manual, usually a three-ring binder, contains such components as the following: applicable laws and regulations, structure of relevant state and local government agencies, directory of community services and providers, a glossary of terms, and IEP checklist, and a place for the child's own records.

Nearly all training and information materials are now available in Spanish and some are also available in other languages (as well as English, of course). One parent center has materials available in 11 Asian languages. Each project publishes a newsletter and several of these appear in Spanish or have sections in Spanish.

The PTI projects rely heavily on networking, sharing information and resources with each other. This networking role is reinforced by the TAPP Project, the technical assistance arm of the PTI program.

All of the PTI projects are conducting valuable evaluation activities, and they receive help in evaluation from a professional consultant engaged by the TAPP Project. All conduct evaluations of each training workshop and many of the projects conduct follow up evaluations in order to assess the longer term impact of their activities. These efforts show that parents believe that the skills and information they have acquired at the parent centers have enabled them to improve services for their children.

There is amazing agreement among the projects about the way they view their mission. With few exceptions, they perceive their overall goal as an effort to foster in parents the solid knowledge and competent skills needed in order to function as confident, effective partners in the education of their children.

I would like to close by summarizing the needs that have been identified during the first two years of this programs and by suggesting some possible ways to meet those needs.

We are concerned that 15 states and two territories still do not have a Parent Training and Information project. Filling that gap has been the highest priority of the regional technical assistance coordinators in the TAPP system. In the next competition, March 1986, we anticipate that all but three states will at least have entered the competition. Such efforts will continue to occupy priority status in the technical assistance effort.

Experience of the newly funded projects has indicated that there is a need for a quick, effective way of making large numbers of parents aware of the services available through the new Parent Training and Information project. Ironically, the older, more experienced projects, like the Massachusetts Federation for instance, have established so much credibility that the demand continually outstrips our resources. Last week our director of training came to me in desperation, asking "What can we do? We are booked up through June, and we are still getting calls every day to come do workshops for parents." Our experience is not unique either.

A final major need that has emerged is perhaps not surprising: a need for help in reaching the traditionally underrepresented, underserved groups of parents. The list of these groups is much longer than you might suppose, and one of the neediest groups is one not anticipated by many of us, namely military families with handicapped children. These latter needs are so complex that two parent centers, one in Washington state and one in Georgia, are jointly implementing a special project to develop strategies for better serving these families. The TAPP Project facilitates a sharing of resources among the projects to help meet this need and to avoid duplication of effort.

As a citizen of Massachusetts, a state that continues to lead the nation in services for children with special needs, I must address one other issue before this Committee. We are urging our senator, Mr. John Kerry, to introduce legislation that would remedy the unintended penalties and contradictions contained in the formula for establishing the 12% child count cap.

We agree with Roger Brown, State Director of Special Education in Massachusetts that a technical amendment to P.L. 94-142 is the only long term solution to this dilemma. This will require a coalition of effort. If we are to serve 3 and 4 year old children as well as 18-21 year old young adults the formula must reflect a federal commitment to its own public policy. Allocations of federal dollars must consider a population census which includes children ages 3-21. Only this kind of a change will deal with the reality of our mandates and the policy initiatives of the Congress. I am enclosing a fact sheet prepared by Dr. Brown.

On behalf of the several hundred thousand parents served by this program, I wish to thank the members of this Committee for your support. We take very seriously the responsibility that you have chosen to give us.

PTI PROJECT REPORT OF SERVICES AND IMPACT

Fiscal Year 1985

PTI______________________________ LOCATION______________________________

A. LEVEL OF SERVICE

1. Total Number of Contacts (telephone, mail, face-to-face): _____

2. Total Number of Training Sessions: _____

    a. Number of parent participants* _____
    b. Number of educators _____
    c. Number of other service providers _____
    d. Other _____
    e. Total number of participants for training events: _____

3. Total number of people receiving services from the PTI project: _____

4. Total number Conference Presentations or General Community Presentations: _____
   Estimated Audience Reached: _____

B. CONTENT OF SERVICE TO PARENTS -- T = Training Sessions; S = Support Groups; I = Information Services; F = Face-to-Face Contacts

1. Assist parent to:

    a. ____ Understand the nature and needs of the handicapping conditions of children
    b. ____ Provide follow up support to parents for their handicapped child's educational program
    c. ____ Communicate effectively with special and regular educators, administrators, related services personnel, and other relevant professionals
    d. ____ Participate in educational decision making processes including the development of their handicapped child's individualized educational program
    e. ____ Obtain information about the programs, services, and resources available to their handicapped child, and the degree to which the programs, services, and resources are appropriate
    f. ____ Understand the provisions for the education of handicapped children as specified in P.L. 98-199, Part B

2. ____ Least Restrictive Environment

3. ____ Transition

4. ____ IEP Development

5. ____ Procedural Safeguards

*Includes guardians, foster parents, and surrogate parents

C. Disabilities of Children whose Parents* Receive Services
(Percent of each disability is based on available information)

____ Autistic
____ Deaf/Blind
____ Developmentally Delayed
____ Hearing Impaired or Deaf
____ Mentally Retarded
____ Multiply Handicapped
____ Orthopedic or Physical Handicap
____ Other Health Impaired (epilepsy, diabetes)
____ Serious Emotional Disturbance
____ Speech Impaired
____ Specific Learning Disability
____ Visually Impaired or Blind
____ Other

D. EFFECTIVENESS AND IMPACT OF SERVICES

For the areas below, indicate the effectiveness and impact results attained by your project. Indicate the total number of respondents and the number and percent of responses.

1. Effectivenes: Number of participants rating workshops ____

Ratings of Workshops

	No.	%	
a.	____	____	Excellent
b.	____	____	Very Good
c.	____	____	Good
d.	____	____	Fair
e.	____	____	Poor

2. Impact: Number of respondants ____

	No.	%
a. Parents indicating they acquired knowledge and/or information:	____	____
b. Parents indicating they acquired skills:	____	____
c. Parents indicating that their confidence increased:	____	____
d. Parents indicating that their children received increased or improved services as a result of training:	____	____

E. ANECDOTAL HIGHLIGHTS

Include up to 20 short anecdotes from or about parents that highlight the nature of, extent of, and impact of or results achieved through PTI services.

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*Includes guardians, foster parents, and surrogate parents

QUESTIONS FROM SENATOR JOHN KERRY TO MARTHA ZIEGLER

QUESTION: How do you suggest a parent training program be made available to hard-to-reach parents those who are themselves disabled, live in rural areas, or are in the military?

ANSWER:

There are several different ways to make the parent training and information program available to hard-to-reach parents, and many of these strategies are now being employed. Most encouraging is the fact that the currently funded projects are eager to find ways to achieve this goal and they are equally willing to share with each other the strategies that they have found to be successful. During the first year of the TAPP Project, the technical assistance and coordination arm of the parent program, reaching traditionally underserved groups of parents emerged early as the single greatest need of all the parent training and information programs. As a result 30 parent program leaders formed a special task force on underserved, underrepresented parents, and the TAPP Project engaged a special consultant to staff the task force, build a resource bank, and consult with individual projects. This task force is addressing the needs of racial and cultural minorities, those in rural areas, those who have limited reading ability, and a long list of other groups.

For parents who are themselves disabled, the parent programs make adaptations as needed. As a minimum, our services are always available in an architecturally barrier free facility. If a parent's communication capacity is too limited, the parent programs provide a trained companion to assist that parent in such activities as the IEP planning meeting.

Parents in rural areas are being served through several creative ways: teleconferencing and electronic communication, for example. The prototype for these services is SEPTER, the parent program in Alaska.

Needs of military families have emerged as among the most difficult to meet, so challenging that two parent programs - one in Atlanta, Georgia, and one in Tacoma, Washington - are jointly implementing a special grant to develop specialized training and information services for military families of children with disabilities. These two parent programs are becoming a resource for all the projects; they will, in fact, offer training in the provision of services for military families at the next national TAPP conference, April 20 - 23, 1986.

Finally, one way to insure that all parents, including those considered hard-to-reach, know about the availability of the nearest parent training and information program would be to require that the local schools include this information along with the information about rights and procedures that must go to all parents whose children are referred for an evaluation under P.L. 94-142. It would be useful to include the name, address, and phone number of the Parent Training and Information project and the Developmental Disabilities Protection and Advocacy office, as federally funded resources available to parents.

QUESTION: How exactly could services be made available without labeling and categorical funding, to children who are not thriving within the educational setting?

ANSWER:

In Massachusetts, children receive an IEP (individualized educational plan) and the services prescribed therein if the multidisciplinary team determines that they "are children in need of special education or related services." Thus, their elibility is based on the services needed, not a categorical label attached to the child. A child may need speech therapy, a small class, a particular method of learning to read, tutoring, etc. Children with a variety of disabilities may all need these services; with a few exceptions (hearing aid, e.g.), the services are not really tied to a categorical handicap. Furthermore, most children do not have a "pure" handicapping condition. For instance, my own daughter with autism also has a minor orthopedic problem which requires physical therapy. Many children with Down Syndrome benefit from services traditionally provided for children with learning disabilities. In other words, a categorical label is in no way synonymous with a given set of needs.

Omitting the labels and concentrating on the particular set of needs of the particular child has a very important impact on the delivery of services because this approach affects the attitudes of the service providers. When a child is not labeled "mentally retarded," the negative effects of self-limiting predictions are minimized, and it is easier to view the child as a peer of the other children her age in the school, and thus to help her have the experiences that other children her age are expected to have.

COMMENTS ON INTEGRATION (LEAST RESTRICTIVE ENVIRONMENT)

It is time for us to consider strengthening the integration requirement in P.L. 94-142. Parents in states throughout the country are expressing frustration. There is still widespread misunderstanding about the integration of children with special needs in "regular" classrooms. In Massachusetts, for instance, both Department of Education data and recent due process decisions indicate that there has been a gradual but steady movement of children into more segregated settings. In other states, children are being moved out of public school and into "developmental centers." The current practice of pulling children out of the regular activities of the classroom for specialized services should be reviewed and schools should be encouraged to make the necessary modifications within the "regular" classroom. "State-of-the-art" practices in integration, with appropriate teacher training, should become a stronger requirement of P.L. 94-142.

A major barrier to integration is the phrase, "continuum of services," sometimes referred to as a "cascade" of services or program prototypes. The word "continuum" implies that all stops along the continuum are equally good and further, that there is no need to combine prototypes. In other words, if a child is placed in a residential setting (502.6 prototype in Massachusetts), that child loses all possibility of spending any time at all with the child's age peers in a "normal" setting. The same applies in states where children are placed in developmental centers, private special education schools, or state institutions.

Even when children are placed in "special classes" within public schools (502.4 in Massachusetts), the law does not require that they spend any learning time or unstructured social time with their age peers.

The law needs to be changed so that the integration mandate is strengthened. I suggest that a special committee be established to study this issue and report with recommendations to this Committee: the special committee should include leading educators, parents, young people receiving services under P.L. 94-142, and "graduates" of P.L. 94-142. It is time for us to incorporate into law the knowledge we have gained over the last ten years.

Thank you.

Senator WEICKER. I might add, Martha, that I think we are all in agreement as to supporting the kind of amendment which you suggested that Senator Kerry will propose, and Senator Kerry will have my full support if he does propose it. Connecticut is facing very much almost the same problem that Massachusetts is.

I have only one question I would like to lay before Dr. Burke. This was actually a question that I had for Madeline Will, and I did not present it to her; feeling that I had been tough enough, I did not want to make the morning any worse.

For the last 3 years, the President's budget has recommended cutting funds for personnel preparation—and this was one of the main thrusts of your testimony—by 32 percent in 1984, by 32 percent in 1985, by 18 percent in 1986; that is my understanding that another large cut is in the offing before this evening is over.

The administration's 1986 budget request stated that—and I quote—"The number of special education teachers is growing at a rate over 1½ times as fast as the growth rate for handicapped children served."

Now, how would you like to comment on the administration's budget justification?

Dr. BURKE. I have seen the statement, Senator, and it also relates to the fact that there is no data available to make determinations. And I have seen over the last several years the same issue in terms of no data available, and that simply is not the case. There are a number of studies which show that there are very severe shortages for teachers and other specialists, and that cuts of the proportion that have been suggested simply are not justified.

We have ourselves, at the University of Maryland, done a number of surveys and do not find evidence to support those conclusions.

Also, I might add that on this issue of data, I believe the part D program that I was addressing has been in existence since President Eisenhower was in office. That is over 25 years. And there is a great deal of data in terms of the various needs. Also, the very program authorized under Public Law 94-142 collects data under the Comprehensive System of Personnel Development provisions and requires every State, every year, to report in detail what kinds of personnel are needed by category of handicapped, and that data is on record. So I am baffled by the argument that there is no data to understand where the personnel needs are.

Senator WEICKER. I thank both of you for your testimony. There may be further questions for response to the record.

We will be looking to you as the reauthorization legislation evolves.

I would like to thank our interpreters for today's hearing. They are Jan Nishimora and Shirley Stern.

The staff has had many requests from individuals wishing to present testimony. We recommend that—it is the recommendation of the Chair—that the record be kept open for 2 weeks so that testimony can be submitted for the record.

Additional, we will not be adjourning today, but will be standing in recess until February 21, at which time the general picture ought to be in far sharper focus, because we will have the President's budget before us, and also all other matters that pertain to congressional actions required for the preparation of the 1987 fiscal year budget.

I leave with the point that Senator Simon so ably made. I get a little upset as I read the newspaper over the fact that everybody assumed the fact we are going to attain our budget goals under Gramm-Rudman by cuts. That is not what the legislation says, and I voted against Gramm-Rudman; I think it is bad legislation, anyway, but it is the law. The legislation only refers to living within our means to the extent that a $140 billion deficit is living within your means, but how we arrive at that is strictly up to this Congress. In that sense, the supplying of a—how would you put it?—corporate set of guts for the Congress is not going to relieve the individuals any more of the tough decisions that have to be made.

These programs are worth it in humanitarian terms, in budgetary terms, and we ought to pay for them, and we ought to have the taxes to pay for them.

I think this is what has to be made clear to the American people. Is this worthwhile to the Nation, everything we have been discussing here and all its ramifications? Is this a worthwhile endeavor for the Government of the United States—in human terms—but, if human terms do not appeal, in budgetary terms? I think it would be justified, quite frankly, on both counts.

So let us not go ahead and duck this issue and say, "Well, everybody has to take these cuts; therefore, we really have to take ours." No. The answer is no, you do not. And I think we have had ample testimony as to what the impact would be if the surmised cut goes into effect.

So, make no mistake about it, I have every intention not just of going ahead and playing the violin here, in terms of the needs, in terms of the people that are affected. I am perfectly willing to stand up and say we ought to pay for it, period, and if that means taxes, that means taxes. I think this is something that everyone in this room and outside this room ought to start explaining to the American people, because I have a feeling—I do not have the poll—that if the American people are asked that question, "Do you want to pay for this, what we are talking about here?" There is not one of them that would not stand up and say, "You are damned right, I will.

So let us give expression to that in the time ahead.

[Additional material submitted for the record follows:]

REAUTHORIZATION OF THE EDUCATION OF THE HANDICAPPED ACT

FEBRUARY 4, 1986

TESTIMONY OF MS. JOAN CLARY

STATE DEPARTMENT OF PUBLIC INSTRUCTION
DES MOINES, IOWA

TESTIMONY

EARLY SERVICES FOR YOUNG HANDICAPPED CHILDREN

In 1974, the Iowa Legislature enacted S.F. 1163 which completely revamped special education programs and service delivery services. Included in that revision was the requirement that special education provisions be made for all handicapped children from birth to 21 years of age. The section of the legislation establishing the population to be served reads as follows:

> "281.2 DEFINITIONS
>
> 1. "Children requiring special education" means persons under twenty-one years of age, including children under five years of age, who are handicapped in obtaining an education because of physical, mental, communication or learning disabilities or who are behaviorally disordered, as defined by the rules of the department of public instruction."

Coupled with that mandate, the Department of Public Instruction determined the preschool (birth through five) handicapped as the largest unserved handicapped population in Iowa between the ages of birth to twenty-one. With this determination, the decision was made to declare the preschool population as a top priority for receipt of the flow-through portion of the Part B, E.H.A. allocation. In the 1977-78 school year the flow-through amount was $2,418,615 and has increased to $11,764,490 in the 1985-86 school year with all but a small portion of funds being expended for young children with special education and related service needs. Because of a large number of small school districts in Iowa, permission was requested from, and granted by, the State Board of Public Instruction to distribute the funds to intermediate education agencies which were already in place to provide services for the school aged population. These agencies would be responsible for providing, or assisting local education agencies in providing services for young handicapped children. Iowa has fifteen intermediate agencies which encompass all local education agencies in the state and are known as Area Education Agencies. The AEAs employ special education related services personnel including administrators, psychologists, occupational therapists, physical therapists, speech therapists, social workers, special education nurses, audiologists, and itinerant instructional personnel which includes the home instruction teachers for preschool handicapped. Each AEA was required to develop an early childhood special education unit to provide the instructional and related services for handicapped children (birth through five). A plan submitted annually by the AEAs and approved by the Department of Public Instruction must be in place for all children from birth to twenty-one. This entire handicapped population is served under the same rules and regulations: Part B, E.H.A.; Iowa Code, Chapter 281; and Iowa Rules of Special Education.

Initially, all preschool services with the exception of approximately ten center-based classes were funded with Part B, E.H.A. funds. As increasing numbers of preschool aged children were identified, the center-based classes which are located in the local school districts were transferred to state and local funding sources. This provided a gradual transition involving increased local involvement while still maintaining the related services at the regional level. Currently instructional programs for early childhood handicapped children are funded with state and local funds generated on a weighted enrollment basis in the same fashion as for the school aged population. To provide fiscal support for early childhood related services the AEAs submit an annual application for Part B, E.H.A. funds. The entitlement for each AEA is based on the total number of students served in special education or who are receiving needed related services and are between the ages of three through twenty. The generated Part B funds are then expended on the provision of services to young children with special needs from birth through five years of age.

Home instruction, which is provided by a teacher certified in early childhood special education, is the primary model of service for handicapped children from birth to age three. Home instruction is oftentimes coupled with related services from occupational therapy, physical therapy, speech therapy, social work or nursing. The children identified below age three have more severe handicaps such as impairments of vision, hearing, mental or physical functioning and some who are multiply handicapped. The population served below age three has consistently remained below eight-tenths of one percent of the census population of this age range.

Children below the age of three may be served in center-based programs which may be one half to a full day and from two to five days per week, depending on the specific instructional needs of the child as stipulated in the child's individual education plan. Some areas provide for more extensive involvement of parents in center-based programs by having parents bring their handicapped infants or toddlers to the group setting. In these parent programs, transdisciplinary teams are used for teaching parents more effective methods and techniques of working effectively with their children.

As children get older, larger numbers of handicapped are identified through child find services. Mild to moderate handicapping conditions begin to surface as the developmental delays become more pronounced. Between ages three to six, the percentage of children identified increases in the areas of communication and behavioral or emotional disorders and in the categories of mental disabilities. The total numbers receiving ongoing instructional and related services in the age three through five range increases to approximately 4.5%, with a total percentage for birth through five of approximately 2.8% of the birth through five census population. We feel these percentages provide a very reasonable estimate for the calculation of numbers of handicapped children from birth through five who are in need of special education or related services. These percentages do not include the "at risk" or "high risk" categories of children. In Iowa many of these children are served through Head Start, Chapter I and medical follow-up programs. The Iowa Departments of Health and Human Services also have a number of programs which focus on high risk children and their families.

Recent amendments to the Education of All Handicapped Act have provided an opportunity through the State Planning Grants for states to improve interagency coordination for young children with special needs. Although the funds are minimal, they are sufficient to provide a catalyst for states to assess their needs and begin a long range planning process. I consider this legislation modification well conceived and feel it will have a very positive long range impact on the development of comprehensive services for young handicapped children.

Although our state plan for early childhood is an integral component of our overall state plan for special education and related services, Iowa chose to apply for the planning phase of the State Plan Grants as made possible by P.L. 98-199.

This grant has provided the impetus for assessing how well the existing systems are working across agencies. We are conducting both a comprehensive needs assessment and an evaluation. Our advisory council is made up of representatives of major agencies and groups involved in the provision of education and other services in addition to parent consumers who represent both themselves and their handicapped children. The planning grant has provided an opportunity to raise the level of awareness as to what programs and services are available in the state and what additions and improvements are needed.

Funding in many states will be the critical issue, I feel we need to look at the various sources of funding from the federal level and attempt to provide a more logical method of distribution. For example, many state coordinators are questioning whether the early childhood demonstration projects (HCEEP) should receive continuation funding. The role of the Outreach Projects, which are also funded through Part C, should be reviewed. Every effort should be made to develop comprehensive state plans which provide equal opportunities and avoid fragmentation and duplication of costs. We are all aware that in addition to planning for new programs and establishing service mandates, financial resources will also be necessary. Until state and local constituencies become aware of, and place more value on the needs of young children, I feel federal funding which is directly tied to young children with handicaps is imperative.

States face many barriers in establishing the networks of integrated services which are needed for young children. We face changing attitudes regarding the importance of early intervention for the young handicapped. Old stereotypes such as nothing can be done for the children or to "just take them home and love them" must be changed. School administrators oftentimes do not relish having young handicapped children in their programs—especially those who are not toilet trained. States must work to develop creative funding procedures which look at all available resources. The list could continue, but the point remains, even with an expansion of a federal mandate, it will probably take ten years to establish a national comprehensive service delivery system which would even come close to what should be available to meet the needs of the young handicapped population. There will be significant expense involved in carrying out such a mandate for comprehensive services, but the cost of not deliverying the needed services will be even greater.

Joan Turner Clary
JOAN TURNER CLARY, CONSULTANT
EARLY CHILDHOOD SPECIAL EDUCATION
IOWA DEPARTMENT OF PUBLIC INSTRUCTION

January 30, 1986
DATE

TESTIMONY
EARLY SERVICES FOR YOUNG HANDICAPPED CHILDREN

Education Consultant with the Iowa Department of Public Instruction. My testimony is being presented on behalf of thousands of young handicapped children and their families in the United States and territories and as a tribute to all of the individuals who have worked so hard to bring the early services system to its present level.

In 1974, the Iowa Legislature enacted S.F. 1163 which completely revamped special education programs and service delivery systems. Included in that revision was the requirement that special education provisions be made for all handicapped children from birth to 21 years of age. The section of the legislation establishing the population to be served reads as follows:

"281.2 DEFINITIONS

1. "Children requiring special education" means persons under twenty-one years of age, including children under five years of age, who are handicapped in obtaining an education because of physical, mental, communication or learning disabilities or who are behaviorally disordered, as defined by the rules of the department of public instruction."

Iowa's handicapped children have now benefited from that mandate, and the ensuring decision to fund that mandate, for more than ten years. With these two decisions, policy makers laid the foundation for one of the most cost efficient and comprehensive early service systems for young handicapped children in the nation. It seems that time does not change some things, those two components, a legislative mandate and funding, are still the needed ingredients for the establishment of early services for young handicapped children.

In Iowa, the handicapped population from birth to twenty-one is served unr
f the Handicapped Act;
Iowa Code, Chapter 281; and Iowa Rules of Special Education. We are currently serving, through the downward extension of the special education model, just under six thousand handicapped children who are below the age of six. This represents approximately three percent of our census population from birth through age five. The programs and services for children from birth must be in compliance with all federal and state education regulations and are subject to the same due process procedures. The special education model provides services via local and regional education agencies which are highly visible to the parent consumers, Head Start and to health and social services. I feel the children in need of services are being identified and that they will receive those special services anywhere in Iowa their parents choose to live.

Recent amendments to the Education of the Handicapped Act have provided an opportunity through the State Planning Grant for states to assess their resources and needs and to improve interagency coordination of services for young children. Although the funding is minimal, it is encouraging states to do long range planning. I consider the legislative modification contained in P.L. 98-199 to be well conceived and feel it will have a very positive long range impact on the development of comprehensive services for young handicapped children.

Funding of early services for the handicapped presents many problems. States are currently not allowed to count, for generation of federal funds, those children below age three who are receiving services. If the states could count the children below age three, these children would then be included in the twelve percent maximum for special education pupils which states are allowed for the generation of funds. These factors actually provide a disincentive to the states to spend funds on children below age three. Within the discretionary funds there are a variety of methods for distribution of allocations such as: by specific disability; severity of handicapping condition; by model demonstration project; by research; or by outreach. I feel that I represent the early childhood state education coordinators when saying that every effort should be made to combine these funds in such a manner as to provide equal opportunities and avoid fragmentation and duplication of costs of administration. We are all aware that in addition to planning for new programs and establishing service mandates, financial resources will be necessary. Early childhood programs must be considered a priority for funding. Until state and local constituencies become aware of, and place more value on the nee of young children, I feel federal funding which is directly tied to young children with handicaps is imperative.

States face many barriers in establishing the entworks of integrated services which are needed for young children. We stand ready to accept that challenge, but we need your help! We face changing attitudes regarding the importance of early intervention for the young handicapped. Old stereotypes such as "nothing can be done for those children" or "just take them home and love them" must be changed. School administrators oftentimes do not relish having young children in their programs--especially those who are not toilet trained. Preservice and inservice training of staff requires tremendous fiscla and human resources. The interagency bonds must be strengthened and lines of communication improved.

The list could continue. The point remains, even with the expansion of a federal mandate to begin providing services to the handicapped from birth, it will probably take ten years to establish a national comprehensive service delivery system which would even come close to what should be available to meet the needs of the young handicapped population. How long must our children wait?

Joan Turner Clary, Consultant
Early Childhood Special Education
Iowa Department of Public Instruction

Congressional Research Service
The Library of Congress

Washington, D.C. 20540

January 28, 1986

TO : Senate Subcommittee on the Handicapped
Attention: Jane West

FROM : Charlotte Jones Fraas
Specialist in Education
Education and Public Welfare Division

SUBJECT : Preschool Programs for the Education of Handicapped Children

This is in response to your request for an overview of the status of publicly sponsored preschool programs providing education and related developmental services to handicapped children, and an analysis of related issues and options for Federal policy. This is in preparation for the subcommittee's consideration of legislation to extend certain programs under the Education of the Handicapped Act.

As you know, preschool programs for handicapped children in the United States are not universally available. Federally mandated rights for all handicapped children to receive an education are only guaranteed once a child reaches school age under provisions of the Education for All Handicapped Children Act, P.L. 94-142, and section 504 of the Rehabilitation Act, which we discuss in greater detail in a section of this memorandum on Federal policy. A major concern to special educators and other professionals concerned with child development is whether handicapped children should have a similar guarantee of access to publicly sponsored educational services from the time they are born.

We divided our report on preschool programs in four major sections, and subsections as follows:

1. Background
    - A. Justification for Preschool Programs
    - B. General Characteristics of Preschool Intervention
    - C. Current Federal Policy on Preschool Programming

II. Overview of the Current Status of Preschool Intervention Programs for Handicapped Children
    - A. Sources of Federal Assistance for Early Intervention Programs
    - B. State Mandates for Preschool Services
    - C. Children Served by Preschool Programs
    - D. Children in Need of Preschool Services
    - E. Program Costs

III. Major Issues Related to the Expansion of Services to Handicapped Preschoolers
    - A. Program Administration/Interagency Cooperation
    - B. Program Funding
    - C. Program Eligibility
    - D. Applicability of P.L. 94-142 Mandates
    - E. Personnel Development

IV. Federal Policy Options
    - A. Examine Alternatives for More Effective Implementation of Existing Federal Assistance Programs
    - B. Establish a National Commission on Early Intervention
    - C. Amend the Preschool Incentive Grant Program to Authorize All Children Served From Birth as the Basis for Funding
    - D. Amend P.L. 94-142 to Lower the Age of Universal Service to Three
    - E. Amend P.L. 94-142 to Lower the Age of Universal Service to Birth

We note that Rick Holland of our staff provided extensive assistance in identifying and obtaining appropriate resource materials that were used as the basis for this report.

I. BACKGROUND

A. Justification for Preschool Programs

Preschool education programs for handicapped children are justified on both social and practical grounds. Most acknowledge that society is obliged to assist disabled children and their families, especially when preschool services might have a positive effect on the child or on the parents' ability to cope with their child's handicap.

Some educators contend that the first 4 years of life are critical to a child's language and cognitive development. While pointing out that early intervention, through education (includes infant stimulation and parent training) as well as a range of therapeutic alternatives, is not remedial in nature, these specialists believe that such services may ameliorate some problems presented by an impairment before they become disabling and, possibly, prevent related developmental problems from ever appearing. 1/

Preschool handicapped program advocates also often point to practical reasons for the programs. They conclude from research findings that children with preschool educational experiences have substantially better achievement in regular school than those without preschool; that children in preschool

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1/ Scott, Keith G., and Anne E. Hogan. Methods for the Identification of High-Risk and Handicapped Infants. In Ramey, Craig T. and Pascal L. Trohanis, eds. Finding and Educating High-Risk and Handicapped Infants. Baltimore, University Park Press, 1982. p. 71.

require less special education in later years; and that the public investment in preschool programming will result in substantial cost savings to society in the long run in terms of lower costs of education and social programs, and increased tax revenue from the employment success of disabled individuals. 2/

Literally hundreds of studies have been conducted to measure the efficacy of preschool programs for handicapped and disadvantaged children. Currently, some major preschool education effectiveness research, funded primarily by the Federal Government, is concentrating on analyzing the results of these studies to reach some general conclusions with program-wide applicability. Such activities include those of the National Research Integration Project funded by the Office of Special Education Programs and directed by Dr. Margaret Wang at the University of Pittsburgh; 3/ and the Early Intervention Research Institute at Utah State University, funded by the Department of Education since 1982, directed by Drs. Glendon Casto and Karl White. 4/

Researchers from each of these projects, while having a number of observations on the efficacy of preschool programs, came to one similar conclusion: children who participate in early intervention programs have greater developmental progress than children who do not, but there is a "mixed picture" concerning the degree of benefits. Both groups warn against drawing specific and

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2/ See, for example, The Argument for Early Intervention. ERIC Clearinghouse on Handicapped and Gifted Children. Reston, Virginia, 1984. Antley, Tracy R. and Rebecca F. DuBose. The Case for Early Intervention: Summary of Program Findings, Longitudinal Data and Cost-Effectiveness. Seattle, University of Washington, 1981. Bailey, Pamela W. and Pascal L. Trohanis. Benefits of Early Intervention for Special Children. Chapel Hill, Technical Assistance Development System (TADS).

3/ Testimony of Carl J. Dunst, Ph.D. before the House Subcommittee on Select Education. October 22, 1985. Unpublished.

4/ Early Intervention Research Institute. Final Report, 1982-1983 Work Scope. Logan, Utah, Utah State University, 1983.

definitive conclusions about the efficacy of early intervention because evidence remains lacking on cause-effect relationships between the intervention and a given outcome. 5/ They also note that the efficacy studies concentrate on the so-called "environmentally at-risk" child and that little is currently known about intervention effectiveness for the biologically at-risk group. 6/ The long term effects of intervention for handicapped children are currently unclear. Although intervention is apparently effective in the long term for disadvantaged children, some researchers believe this is an important gap in evaluation performance. 7/

Some recent studies of individual programs found cost savings from early intervention and preschool services for handicapped and disadvantaged children, but no broad-based national analyses of program cost benefits have been undertaken. While these are interesting observations from certain programs, we would caution against presuming these data would reflect savings from preschool intervention activities for the handicapped generally. Such activities vary widely in terms of children served, and program content. A few of the major studies are:

5/ Dunst, Carl J., Scott W. Snyder, and Margaret Mankinen. Efficacy of Early Intervention. Mongantown, North Carolina, Western Carolina Center [1985]. Unpublished paper. p. 67. Greenspan, Stanley I., and Karl White. The Efficacy of Preventive Intervention: A Glass Half Full. Zero to Three. April 1985. p. 3-4.

6/ Dundst. Unpublished paper. p. 67.

7/ Greenspan and White, The Efficacy of Preventive Intervention, p. 3-4.

1. Perry Preschool Project 8/

The Perry Preschool Project is a study of black youths from disadvantaged families who were provided "high quality" preschool programming. The latest analysis of the project has followed the group of those who received preschool services and controls through age 19. Investigators found, in terms of cost benefits, that for every $1000 invested in preschool at least $4,130 will be returned to society in reduced costs of education, legal processing for delinquent behavior, and increased lifetime earnings of participants.

2. INTERACT analysis of cost benefits of early intervention for handicapped children. 9/

This group of professionals, who directed early intervention demonstration projects for handicapped children, used data from several preschool programs for handicapped children to derive cost benefit estimates. They found participation in preschool programs can save $9,000 to $10,000 in education costs of handicapped children through age 18 when compared to costs of educating handicapped children with no intervention before age 6.

3. Colorado Research Design Study of INREAL program 10/

Researchers studied four Colorado school districts providing preschool special education to 3 to 5 year old handicapped children to improve their language, thinking, and social skills under the INREAL project developed by Dr. Rita Weiss at the University of Colorado. They found that after subtracting the cost of the preschool education program school districts saved $1,560 per handicapped child and $1,050 per "at risk" pupil over a 3-year period.

8/ Weikart, David P. The Cost-Effectiveness of High Quality Early Childhood Programs. A Presentation for the Southern Governors' Conference, July 26, 1982. p. 16. See also, Berruta-Clement, John R., Lawrence J. Schweinhart, W. Steven Barnett, Ann S. Epstein, and David P. Weikout. Changed Lives: The Effects of the Perry Preschool Program on Youths Through Age Nineteen. Ypsilanti, High/Scope Educational Research Foundation, 1984.

9/ Garland, Corinne, Nancy W. Stone, Jennie Swanson, and Geneva Woodruff, eds. Early Intervention for Children With Special Needs and Their Families. Western States Technical Assistance Resource (WESTAR), 1981. p. 19.

10/ McNulty, Brian A., David B. Smith, and Elizabeth W. Soper. Effectiveness of Early Special Education for Handicapped Children. Report commissioned by the Colorado General Assembly. p. 16.

If you are further interested in the question of preschool program efficacy, we have a number of the major studies that are most often cited in the literature that we would be happy to share with you.

B. General Characteristics of Preschool Intervention Programs

Specialists in preschool educational programs for the handicapped often discuss program characteristics in two phases, according to the age of the child. Some make this distinction through terminology, referring to services for infants and children under 2 years old as "early intervention" and services to older children as "preschool". We will use the terms interchangably.

When children reach approximately age 3, the more subtle disabilities of an educational and emotional nature become easier to identify, and many of the handicapped children needing services may have the characteristics of those qualifying for special education under P.L. 94-142's definition.

From age 3 through to school age, preschool services for handicapped children also may be more typically "educational" in nature, with such activities focused on language, speech, and emotional and learning development. Such services often concentrate on helping children who experience delays in their educational development to "catch up" with other children before entering elementary schools. Nevertheless, these programs have distinct "preschool" characteristics and program experts emphasize that they should be viewed as separate and distinct from programs for school-age children. [11]

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[11] Dunst testimony, p. 11.

Before a child is age 3, impairments are often difficult to identify for all but those with obvious physical or developmental anomalies. Program specialists characterize infants and toddlers in need of services as those children with obvious "established" impairments and those "at-risk" of having a disability or developmental delay.

The concept of "risk" is relatively vague. Generally speaking, a child who is "at-risk" is simply more likely than other children to develop a handicap, often of an educational or emotional nature. Commonly "risk" is associated with biological or environmental events that can cause, but do not necessarily always cause, problems, such as mental retardation or developmental delays.

Many preschool program specialists cite "risk" factors identified by Dr. Tjossem of the National Institute of Child Health and Human Development in 1976 as those that should guide identification and referral decisions. They include:

Established Risk:	Established risk infants are those whose early appearing and aberrant development is related to diagnosed medical disorders of known etiology bearing relatively well known expectancies for developmental outcome within specified ranges of developmental delay;
Biological Risk:	Biological risk specifies infants presenting a history of prenatal [from conception to birth], perinatal [from the onset of labor through to the fourth week of extrauterine life], neonatal and early development events suggestive of biological insult to the developing central nervous system and which either singly or collectively, increase the probability of later appearing aberrant development.

Environmental Risk:	Environmental risk applies to biologically sound infants for whom early life experiences including maternal and family care, health care, opportunities for expression of adaptive behaviors and patterns of physical and social stimulation are sufficiently limiting to the extent that, without corrective intervention, they impart a high probability for delayed development. 12/

An example of an established risk is Down's syndrome; a biological risk is low birthweight; an environmental risk could include parental age, stress, developmental disability of father or mother, parental substance dependence, or a known history of child abuse or neglect.

While "risk" eludes a precise definition, preschool program specialists apparently agree that it is a critical consideration in establishing the population that should receive early attention. They have identified these "risks" as potential causes of some of the more subtle educational and developmental handicaps, which may only be ameliorated if addressed early in the child's development.

Program characteristics for handicapped and "at-risk" infants and toddlers also generally vary from those necessary for older children: education most often shares major responsibilities with a number of other professions. Because of the high proportion of handicapped infants and toddlers with serious physical disabilities within the population served, there is often, at least initially, significant medical involvement from pediatricians and nurses. The services of an amalgam of other professionals also are necessary for the birth through 3-year old handicapped and "at-risk" children and their families. They may include, besides special educators: physical therapists, occupational therapists,

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12/ Tjossem, Theodore. Early Intervention: Issues and Approaches. In Tjossem, T., ed. Intervention Strategies for High Risk and Handicapped Children. Baltimore, University Park Press, 1976. p. 5.

social workers, speech-language pathologists and audiologists, and nutritionists. Services are more likely to be home-based for very young handicapped children than they are after the child reaches age three and there is often more regular, direct participation by the parent in the child's program.

Although preschool programs for handicapped children have different characteristics, program specialists warn against segregating handicapped children into distinct populations accordingly. They argue that the infants and toddlers needing services are usually the very same children that will need services after age three. From a policy perspective, they argue, the children should be regarded as a single group with the same needs who require a continuum of programs until they reach school age. 13/

C. Current Federal Policy on Preschool Programming

P.L. 94-142 14/ and section 504 of the Rehabilitation Act 15/ represent current Federal policy concerning the education rights of handicapped children. As previously mentioned, educational rights for all handicapped children are protected by these laws only when the child reaches school age. Depending upon State law and practice, however, some preschool handicapped children may be required to receive services under these Federal mandates.

If a State participates in P.L. 94-142, and it is not contrary to State law or practice, or court order, the State must provide special education and

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13/ Statement of Joan Gaetz, representing State of Washington, Meeting of Project Zero to Three delegations, Washington, D.C., Dec. 9, 1985.

14/ 89 Stat. 774; 20 U.S.C. 1400 *et seq*

15/ 29 U.S.C. 794.

related services to its handicapped children ages 3 through 5. Also, if the State provides free public education to nonhandicapped preschoolers, comparable services must be available to handicapped children of the same age under the antidiscrimination mandate of section 504. Finally, if a State chooses not to participate in the P.L. 94-142 program, its preschool services to the handicapped are required under section 504 to be the same as those provided regular students.

As of July of 1985, at least 31 States and territories did not require preschool educational services to at least a portion of the aged 3 through 5 handicapped population. 16/ A policy analyst for the Council for Exceptional Children, contends that there is insufficient Federal assistance to serve as an incentive for States to agree to mandate services, and therefore be required to serve all children under P.L. 94-142. 17/ It could be argued, however, that there was sufficient incentive for some States to provide additional services because the number of preschool handicapped children served ages 3 through 5 has increased 19 percent since P.L. 94-142 was enacted. 18/

Current regulations issued by the Department of Education's Office of Special Education and Rehabilitative Services to interpret P.L. 94-142 (34 CFR part 300) require States to adopt the goal of providing full educational opportunity to all handicapped children from birth through 21 years (34 CFR 300.123).

16/ U.S. Department of Education. Office of Special Education and Rehabilitative Services. State EC/SE Status and State Participation in Networks. Unpublished matrix.

17/ Smith, Barbara J. Policy Options Related to the Provision of Appropriate for Very Young Exceptional Children and Their Families. Council for Exceptional Children, Reston, Virginia, 1980. p. 1.

18/ U.S. Library of Congress. Congressional Research Service. P.L. 94-142, The Education for All Handicapped Children Act: Its Development, Implementation and Current Issues. Charlotte Jones Fraas. Washington, D.C. 1985. p. 40.

These regulations also require States to identify, locate, and evaluate all handicapped children from birth under a "child find" requirement for both State and local educational agencies (34 C.F.R. 300.128; 300.220). Also under the regulations (34 CFR §300.124), data on preschoolers served and requiring service must be reported in the State's annual program plan submitted to the Department as a requisite for its receiving assistance under P.L. 94-142.

II. OVERVIEW OF THE CURRENT STATUS OF PRESCHOOL INTERVENTION PROGRAMS FOR HANDICAPPED CHILDREN

A. Sources of Federal Assistance for Early Intervention Programs

Federal assistance for handicapped children's early intervention services is available from a variety of Federal programs depending upon the characteristics of the services and the nature of the children served.

1. Education of the Handicapped Act programs (U.S. Department of Education, Office of Special Education and Rehabilitative Services)

P.L. 94-142 Part B State grants are available to States and territories to provide special education and related services to handicapped children from age 3 through 21. A State's grant is based on the number of children served. Local educational agencies receive funding based upon the number of children ages 3 through 21 who are receiving a "free appropriate public education." The State may reserve up to 25 percent of the grant for administrative costs and direct and support services for handicapped children, which might include services to handicapped preschoolers from birth. Currently, States receive about $276 per child age 3 through 21 years served under this program.

Under P.L. 94-142's Preschool Incentive Grant program, participating States and territories receive additional formula funding for providing special education to handicapped children ages birth through 5, although the funding is generated on the basis of children ages 3 through 5 who are counted as served. 19/ Under current appropriations, States receive about $112 per child under this program although up to $300 per child is authorized by law. Unlike the State grant program the State is not required to pass through this funding to local school districts, although some do. 20/

Therefore, States currently receive nearly $400 in formula funding for each handicapped child between ages 3 and 5 provided special education and related services.

The Handicapped Children's Early Education Program (HCEEP) is the major discretionary assistance available under the Education of the Handicapped Act (EHA) for preschool programs. This program has funded demonstration and outreach activities for a number of years. The HCEEP program also supports Early Childhood Research Institutes, which currently include the Early Intervention Research Institute at Utah State mentioned in the previous section. The 1983 amendments to the HCEEP, enacted in P.L. 98-199, provided new authority for at least 30 percent of its appropriation to be available in grants to States for the planning, development, and implementation of a comprehensive delivery system to provide special education and related services to handicapped children

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19/ The original Preschool Incentive Grant program, which was established by P.L. 94-142, funded services to handicapped children ages 3 through 5 only. The 1983 amendments to the Education of the Handicapped Act, P.L. 98-199, extended eligibility for services funded under the program to birth, but maintained the original formula for the distribution of funds.

20/ Currently, 55 of 57 eligible States and territories participate in the Preschool Incentive Grant program; 25 States and Guam use their funds to serve children from birth.

ages birth through 5. According to the Department of Education, all States and territories, except Puerto Rico, participate in this grant program, and all but seven are currently in the planning stage of the three-stage grant cycle. Planning grants are between $75,000 and $125,000 each year for 2 years; development grants are $150,000 each year for 3 years; and implementation grants are $150,000 to $175,000 each year for 3 years.

The FY 1986 appropriation for the HCEEP program is $24 million.

2. P.L. 89-313 Program (Department of Education, Office of Special Education Programs)

This program provided formula grant assistance for the education of handicapped children ages birth through age 20 for whom States agencies are, or have been, directly responsible such as children in institutions. Originally authorized by P.L. 89-313, the program is currently authorized by chapter 1 of the Education Consolidation and Improvement Act (ECIA). States have used these funds, currently amounting to approximately $608 per child, in part to support preschool services for handicapped children who are not mandated to receive services from local educational agencies. Children counted as served under the P.L. 89-313 program may not also be counted as served under the P.L. 94-142 programs.

3. Head Start (U.S. Department of Health and Human Services, Administration for Children, Youth and Families)

Head Start provides comprehensive developmental services for low income preschool children, including educational, social, medical, dental, nutrition, and mental health services. By law, at least 10 percent of Head Start enrollments in each State must be available to handicapped children; currently about 12.5 percent of the aggregate Head Start enrollment is handicapped. 21/ Regular eligibility for Head Start begins at age three, but rules allow individual projects to accept younger handicapped children. Head Start programs are encouraged to cooperate with school systems in implementing P.L. 94-142, and often are funded by school systems to provide preschool services for the handicapped. Formal agreements between State educational agencies (SEAs) and the Head Start program describing their coordination of services for handicapped preschoolers are in effect in 36 States. 22/

4. Developmental Disabilities Programs (U.S. Department of Health and Human Services, Administration on Developmental Disabilities)

The developmental disabilities (DD) programs provide assistance for coordinating and initiating services to persons who are mentally retarded or have some other developmental disability. Unlike the definition of handicap under P.L. 94-142, which describes specific handicapping conditions, the definition of developmental disability for services under these programs is based on a individual's functional limitations. DD programs may serve children from birth. The bulk of funding under the DD program is for basic State grants which may be used for services in among four priority areas. One of these areas is child development services, including early intervention services, counseling and training of parents, early identification of developmental

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21/ U.S. Department of Health and Human Services. Administration for Children, Youth and Families. Project Head Start Statistical Fact Sheet. December 1984. p. 1.

22/ U.S. Department of Health and Human Services. Administration for Children, Youth and Families. The Status of Handicapped Children in Head Start Programs. Washington, 1985. p. 25.

disabilities and diagnosis and evaluation of such disabilities. The current appropriation for this program is $53.4 million.

A smaller DD program funds University Affiliated Facilities, or UAFs, which provide training for persons preparing to serve the developmentally disabled, demonstration projects, and technical assistance. These projects, associated with colleges and universities, are involved in the identification and evaluation of infants, toddlers and other young handicapped children. Funding for UAFs is currently $9.6 million.

5. Maternal and Child Health Block Grant (U.S. Department of Health and Human Services, Division of Maternal and Child Health)

The Maternal and Child Health Block Grant is a major source of funding for medically related services for chronically ill and disabled children through State Crippled Children's and other public health agencies. This funding, which is expended at the discretion of States, supports such activities as identification, assessment, diagnosis, corrective services, hospitalization and referrals of handicapped and chronically ill children.

The Division of Maternal and Child Health is currently funding "Project 0 to 3" under which 15 States are sharing information on their experiences in developing multi-agency efforts to provide comprehensive services to disabled infants and toddlers. The project is coordinated by the National Center for Clinical Infant Programs, non-profit agency in Washington, D.C.

6. Medicaid (U.S. Department of Health and Human Services, Health Care Financing Administration)

Medicaid provides assistance to States for payments of medical assistance to needy persons receiving cash assistance under the federally-assisted Aid to Families With Dependent Children (AFDC) program or the Federal Supplemental Security Income (SSI) program for the aged, blind and disabled. States may also cover all or reasonable categories of needy children under age 21 who do not meet the AFDC definition of dependent children. States are required to cover all such children under age 5 born after October 1, 1983. States may also cover persons who are medically needy, generally persons whose income slightly exceeds automatic coverage levels, but who otherwise meet eligibility standards.

The assistance that must be available to categorically needy persons that might particularly affect services for handicapped infants include in and out-patient hospital care, laboratory and x-ray services, physicians services, and early and periodic screening, diagnosis and treatment (EPSDT) for persons under 21. The specific assistance that will be available is largely at the discretion of States.

The extent to which Medicaid could be used by States to help fund early intervention activities would be dependent upon Federal and State medicaid rules and the structure of services under the early intervention program. Medicaid has been used in at least one State, Massachusetts, to reimburse the early intervention program for certain medical services for otherwise eligible handicapped children.

It is notable that certain children from intact families who meet the SSI definition of disabled are eligible for Medicaid. Generally, these would be children who require long-term institutionalization, for example in intermediate care facilities for the mentally retarded.

7. Title XX, Social Services Block Grant (U.S. Department of Health and Human Services, Office of Human Development Services)

Title XX Social Services Block Grants are available to States to provide community-based social services. States have broad discretion over the expenditure of these funds. Apparently they may support a variety of preschool services for the handicapped, except those medical services that are non-rehabilitative in nature, and educational services that are otherwise available to residents in the State at no cost.

B. State Mandates for Preschool Services

States vary significantly in the preschool services that are available to handicapped children, in their mandates for services, the nature of services provided, the administering mechanism for the services, and the eligibility for services. In this section we will summarize State mandates for service.

The Department of Education's Office of Special Education surveyed the status of State and territorial mandates for special education services to handicapped preschoolers in July 1985. The survey found that of 57 States and territories, 47 mandated services to some portion of the handicapped population from birth through age 5. The following table shows the minimum age for educational services to be provided all handicapped children by State and territory, as reported by the Department survey.

TABLE 1. Minimum Ages Mandated by States and Territories for Providing Special Education to Handicapped Children: July 1985

Birth	Age 2	Age 3	Age 4	Age 5	Age 6 or "School-age"
Iowa	Virginia	Alaska	Delaware a/	Arizona	Alabama
Maryland		California	Minnesota	Arkansas	Florida
Michigan		Connecticut	Oklahoma b/	Colorado	Georgia
Nebraska		District of Columbia	Tennessee	Kansas	Idaho
New Jersey		Hawaii		Maine	Indiana
Oregon		Illinois		Missouri	Kentucky
South Dakota		Louisiana		Nevada	Mississippi
American Samoa		Massachusett		New Mexico c/	Montana
Trust Territory		New Hampshire		New York	Vermont
Guam		North Dakota		N. Carolina	Wyoming d/
		Rhode Island		Ohio	
		Texas f/		Pennsylvania e/	
		Washington		S. Carolina	
		Wisconsin		Utah	
		Northern Marianas		W. Virginia g/	
				Puerto Rico	
				Virgin Islands	

a/ Mandates services for deaf, blind, deaf-blind, and autistic children from birth; mandates services for orthopedically impaired, severely mentally handicapped, and trainable mentally handicapped from age 3.

b/ Mandates services for deaf-blind and "failure to thrive" from birth.

c/ Will phase-in mandated services for 3 year old developmentally disabled children by 1988.

d/ Health and social services are mandated for children from birth.

e/ Services mandated from 4 years 7 months.

f/ Mandates services for visually impaired, hearing impaired and deaf-blind from birth.

g/ Will phase-in mandated services for severely handicapped by 1987.

As indicated in the table, 3 States mandate educational services to children with selected handicaps at earlier ages than for the general population of handicapped children. Also, most of the States permit services to be made available to handicapped children before the minimum age at which such services are required.

Some believe that surveys of special education mandates do not reflect other early intervention mandates that may be in place. For example, both Texas and Massachusetts have legislatively mandated early intervention service programs although both States lack a specific child-based entitlement.

In its Seventh Annual Report, the Department of Education notes activity in many States to (1) develop early intervention legislation; (2) develop program standards and guides for early education teacher certification and training; (3) develop eligibility criteria for participation in early education programs; (4) collect program effectiveness data on early intervention; (5) improve preschool service delivery through interagency cooperation and coordination; and (6)achieve interagency coordination. 23/

In reviewing resources for this report, we also found interest in a number of States to expand preschool services to handicapped children. To our knowledge, ad hoc task forces have recently examined State preschool program policies in Connecticut, Florida, and California, and presented recommendations to State authorities. Utah is reportedly considering lowering its age of service mandate to age 3. 24/

23/ U.S. Department of Education. Office of Special Education and Rehabilitative Services. Seventh Annual Report to Congress on the Implementation of the Education of the Handicapped Act. Washington, U.S. Govt. Print. Off., 1985. p. 13-14.

24/ Education Week, Oct. 2, 1985. p. 2.

There also appears to be considerable interest in program development issues in States participating in "Project Zero to Three," which is funded under a Maternal and Child Health grant. These States are: Maine, Massachusetts, New Jersey, New York, Maryland, Florida, North Carolina, Ohio, Texas, Iowa, Kansas, Utah, Hawaii, Washington, and Oregon.

Some of the problems that have been cited as hindering program development in States will be discussed later in this report.

C. Children Served by Preschool Programs

No comprehensive national data exist on the number of handicapped children served by all of the possible types of preschool programs. Data is especially lacking on children from birth through age 2 years who could be receiving aid under a variety of Federal and State programs and agencies.

The Office of Special Education's (SEP) data on children receiving special education and related services in States is, perhaps, the most complete measure currently available of preschool children served. Data is reported by States on children ages 3 through 5 years served as the basis for State funding under the Preschool Incentive grant program; SEP requires States to report similar data on children served from birth through age 2, but because it is not used to generate funding and subject to monitoring, the Department warns, it is not likely to be as reliable as the counts for the older children. 25/

25/ Telephone conversation with Mr. Lou Danielson, Office of Special Education Programs. Jan. 1985.

The following table indicates children receiving special education and related services under the P.L. 94-142 and the preschool incentive grant program in school year 1984-1985 as reported by States to SEP. Total children served that year from birth through age 5 were about 295,000, about 88 percent of whom were between the ages of 3 and 5.

TABLE 2. Handicapped Children Birth Through Age 5
Receiving Special Education Services During the School Year 1984-1985,
As Reported By States to the U.S. Department of Education

State	Numbers of Children 0-2 Years Old	Numbers of Children 3-5 Years Old
Alabama	2,004	3,047
Alaska a/	957	633
Arizona	192	2,086
Arkansas	379	2,473
California a/	1,898	21,476
Colorado	689	1,899
Connecticut a/	*	3,503
Delaware	45	805
District of Columbia a/	*	515
Florida	859	7,308
Georgia	167 est.	4,710
Hawaii a/	*	512
Idaho	845	1,253
Illinois a/	202	20,287
Indiana	1,156	4,865
Iowa b/	802	5,497
Kansas	246	2,488
Kentucky	821	4,005
Louisiana a/	966	6,072
Maine	282	2,465
Maryland b/	911	5,930
Massachusetts a/	2,479	6,534
Michigan b/	1,833	12,807
Minnesota	520	8,323
Mississippi	36	1,492
Missouri	88 est.	6,449
Montana	74	1,565
Nebraska b/	981	2,761
Nevada	296	799
New Hampshire a/	0	1,011
New Jersey b/	2,866 est.	12,180
New Mexico	250	1,210

TABLE 2. Handicapped Children Birth Through Age 5
Receiving Special Education Services During the School Year 1984-1985,
As Reported By States to the U.S. Department of Education--Continued

State	Numbers of Children 0-2 Years Old	Numbers of Children 3-5 Years Old
New York	3,133	7,243
North Carolina	246	6,157
North Dakota a/	205	948
Ohio	115 est.	7,699
Oklahoma	481	5,703
Oregon b/	47 est.	1,393
Pennsylvania	3,428 est.	8,520
Rhode Island a/	222	1,180
South Carolina	258	5,001
South Dakota b/	208	895
Tennessee	215	7,570
Texas a/	1,872	19,570
Utah	116	2,364
Vermont	88	524
Virginia c/	*	9,798
Washington a/	388	4,990
West Virginia	427	2,293
Wisconsin a/	1,395	8,337
Wyoming	48	392
American Samoa b/	*	14
Guam b/	27	113
Puerto Rico	*	1,741
Trust Territory b/	*	+
Virgin Islands	*	13
Northern Marianas a/	*	+
Bureau of Indian Affairs	32	+
TOTAL	35,795	259,418

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a/ State has mandate to serve all handicapped children from age 3.

b/ State has mandate to serve all handicapped children from birth.

c/ State has mandate to serve all handicapped children from age 2.

* Not reported.

+ Non-participant in preschool incentive grant program.

Source: U.S. Department of Education, Office of Special Education Programs. Unpublished data.

Preschool handicapped program data is also available from the Federal Head Start program. In the 1983-1984 program year, about 60,000 handicapped children received full-year Head Start program services, and constituted about 12.5 percent of total Head Start enrollments. 26/ Data from the previous year on handicapped enrollments indicated that about 25.2 percent of the handicapped children served by Head Start were age 3 and under, 58.2 percent were age 4, 15.6 percent were age 5 and about 1 percent were age 6 or older. The younger handicapped children were more likely to receive home-based services rather than the center-based option. About 42.8 percent of handicapped children receiving home-based services were age 3 and under, while about 24 percent of children receiving center-based care were in this age group. 27/

Handicapped children served by Head Start are reported in the special education child counts cited above, so they should not be counted in addition to these numbers to find total children served by major Federal special education programs.

Other Federal assistance is available to serve preschool handicapped children through the University Affiliated Facilities (UAFs) authorized by the Developmental Disabilities Act. Although no specific data is available on the age of UAF clients, 46 percent of new evaluations of clients were of children birth through 5 years. Assuming this proportion would also apply to the total number of clients served by UAFs, about 30,000 would be children between birth and 5. 28/ While the UAFs provide a range of services, including medically

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26/ Project Head Start Statistical Fact Sheet, December 1984. p. 1.

27/ The Status of Handicapped Children in Head Start programs, 1985. p. 7.

28/ Data provided by Ms. D. John of the American Association of University Affiliated Facilities.

related, a portion of their clients may receive education assistance through local education agencies and would be counted in the special education data. No data are available on the number of preschool handicapped children who may be served by the other developmental disability programs.

The above data probably represent a conservative estimate of the number of handicapped children who may be served by some type of early intervention program nationwide. These statistics do not include, for example, children who may be receiving primarily health services or social services, children in early intervention programs who are ineligible for special education, or cases when the parent may be the primary beneficiary of the service because of the age and condition of the child. Also the number of preschool children counted for purposes of assistance under P.L. 89-313 is not available.

D. Children in Need of Preschool Services

The number of handicapped children nationwide who are not receiving preschool education and related services or lack appropriate services is a matter of speculation. Any reliable estimate would depend on a common definition for who needs services and what services are necessary: no such agreement exists among States or even among preschool intervention specialists.

Program analysts have attempted to estimate the number of handicapped children that may require early intervention through determining the proportion of given age groups that might be expected to be handicapped. One conclusion that they reach is that the proportion of preschool-aged children that will be identified as handicapped and in need of services increases as age increases. The more subtle non-physical disabilities are sometimes impossible to detect and, therefore, address until the child is at least 2 years old. Also as children enter school, teachers, who have a more complete perspective of the child, may be more likely to assess less obvious problems the preschool screening tests may not identify. 29/

Therefore, the proportion of children in the birth through age 5 years population who may be identified as handicapped as defined under P.L. 94-142, might be expected to be lower than the proportion of the school age population who are identified handicapped. In school year 1983-1984, about 10.9 percent of school age enrollments were handicapped.

Estimates vary, significantly, on the actual proportion of preschool age children with physical or psychosocial handicaps requiring early intervention. Dr. William Frankenberg of the University of Colorado used the Denver Developmental Disabilities test to find that 3 percent of the preschool population had severe disabilities and 8 percent were "at risk" of disabling conditions, totalling 11 percent that would need services. 30/

Several States have conducted studies on preschool intervention to determine future State policies, and the reports have included estimates of the potential service population. A study used by California's Ad Hoc Committee on Early Intervention estimated that 2.9 percent of the birth through age 2 years old population required early intervention and 5 percent of the aged 3 through 5 year old group. 31/ These estimates used were based on children identified

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29/ Telephone conversation with Mr. Lou Danielson, Office of Special Education Programs. Recently collected SEP data for each age show a significant increase in the number of handicapped children identified once they reach school age.

30/ Conversation between Rick Holland of Congressional Research Service and Dr. Frankenberg in Nov. 1985.

31/ See, Planning Associates. Early Intervention: A Working Paper. Merced, Calif., 1981. p. iv, vi.

under the risk criteria--established, environmental and biological--suggested by Tjossem. Florida's PreKindergarten Study Panel presumed 5 to 6 percent of the State's total preschool population would require early intervention. 32/

Studies in Texas, a State with a mandated early intervention program, show that about 3 percent of the 0 to 3 year old population would meet the Federal "developmental disabilities" definition, but as high as 17 percent might meet a definition additionally including risk factors for developmental delay. The Texas report estimates 12 percent of children from birth to age 6 meet the State's intervention eligibility standards. 33/

Other estimates are based on actual incidence ratios in States with active early intervention programs. In Massachusetts, for example, 10.6 percent of the birth to 3 population, who have established conditions or who are biologically or environmentally at risk are served. Excluding those environmentally at risk, this proportion drops to 6.4 percent. 34/

Data from Iowa, a "mandate to birth" State, collected annually for a 4-year period indicate considerably lower proportions of the total preschool population identified as handicapped are served. This is probably because Iowa's definition of handicapped children is more narrowly based on educationally-related disability and appears to exclude children who are "at risk." Children aged 3 through 5 years served in Iowa between 1979 and 1982 ranged from 4.5 percent to

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32/ Final report of the Study Panel for the Development of a Comprehensive Plan to Serve Prekindergarten Handicapped Students (Prek Study Panel). May 24, 1984. p. 8.

33/ Early Childhood Intervention. An Investment in the Future. 1985. Report to the Texas State Legislature. Austin, Texas. Interagency Council on Early Childhood Intervention, 1985. p. 6-7.

34/ Conversation between Rick Holland, Congressional Research Service, and Karl Kasborf, Director of Early Childhood Developmental Services Unit, State of Massachussetts in Nov. 1985.

4.8 percent of the population; children from birth through 2 years served never exceeded 1 percent. 35/

If the above proportions are applied to the U.S. population estimates for age groups birth through 5, the following would be the range of projected service populations:

35/ Data provided to CRS by State of Iowa, Department of Public Instruction with letter dated Oct. 18, 1985.

TABLE 3. Estimates of Potential Preschool Handicapped Population from Selected Sources

Estimate	U.S. Population a/	Estimated Preschool Handicapped to be Served Nationwide
P.L. 94-142 proportion, Frankenberg (11 percent, Ages 0-5)	21,061,000 (Ages 0-5)	2,316,710 (Ages 0-5)
California Ad Hoc Committee (2.9 percent, Birth through Age 2; 5 percent Ages 3, 4 and 5)	10,893,000 (Ages 0-2)	315,897 (Ages 0-2)
	10,168,000 (Ages 3-5)	508,400 (Ages 3-5)
California Committee TOTAL	(TOTAL) (Ages 0-5)	824,297 (Ages 0-5)
Florida PreK Study (6 percent Ages 0-5)	21,061,000 (Ages 0-5)	1,263,660 (Ages 0-5)
Texas Report (Ages 0-2, 3 percent, DD definition; Ages 3,4,5, 12 percent, Texas program definition)	10,893,000 (Ages 0-2)	326,790 (Ages 0-2)
	21,061,000 (Ages 0-5)	2,527,320 (Ages 0-5)
Massachusetts (10.6 percent (Ages 0-2)	10,893,000 (Ages 0-2)	1,154,658 (Ages 0-2)
Iowa (1 percent, Ages 0-2; 5 percent Ages 3-5)	10,893,000 (Ages 0-2)	108,930 (Ages 0-2)
	10,168,000 (Ages 3-5)	508,400 (Ages 3-5)
Iowa Estimates TOTAL	(TOTAL) (Ages 0-5)	617,330 (Ages 0-5)

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a/ U.S. Bureau of the Census estimate of U.S. resident population by age as of July 1, 1983.

One question that arises concerning a potential population of preschool handicapped children is the effect of improved neonatal care in the numbers of children who may be expected to be handicapped. For example, one area of marked improvement has been in the survival rate of low birthweight infants. The National Academy of Science, Institute of Medicine's Committee to Study the Prevention of Low Birthweight recently concluded the following concerning the effect of decreased mortality on infant morbidity:

> Greater success in saving the lives of low birthweight infants has not increased our burden of babies with handicaps, according to recent studies. The proportion of severe congenital malformations or retarded development remains the same, and there has been a decrease in the proportion of those with less severe problems related to birth. Concern remains, however, about the effects of increased survival of the very smallest infants, those less than 1000 grams. These survivors constitute a relatively new population that will require long-term followup and evaluation. 36/

While the rate of disability apparently has not changed significantly, it is important to note that low birthweight children have higher rates of physical impairments and retarded development than full-term babies. 37/ Therefore, as more low birthweight babies survive the total numbers of disabled might increase.

Dr. Nicholas Zill of Child Trends recently pointed out in testimony before the House Subcommittee on Select Education, "the vast majority of children exhibiting [congenital defects or developmental delays] are born at normal birthweights. Thus the potential increase in the number of handicapped children that might be produced by saving the lives of a high proportion of low birth-weight

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36/ National Academy of Sciences. Institute of Medicine. Committee to Study the Prevention of Low Birthweight. Preventing Low Brithweight: Summary. Washington, National Academy Press, 1985. p. 5.

37/ Ibid., p. 3-4.

babies is not as great as is often assumed." Dr. Zill estimates that perhaps 2,000 more seriously handicapped children might be produced in 1 year considering the changes in the mortality rates for low birthweight infants between 1960 and 1980. 38/

It could also be argued that advances in prenatal diagnosis tools, such as amniocentesis, neonatal care and other technologies can actually prevent the occurrence of disabilities and that this situation may counterbalance any potential increases in the number of handicapped children resulting from decreased mortality rates for certain high risk infants. 39/

Two demographic characteristics might influence an increase in the number of handicapped children in the United States: a higher poverty rate for children; and increases in the rate of teenage pregnancies. 40/

E. PROGRAM COSTS

Estimates of the costs of early intervention programs vary considerably, because of program differences in the range of services, the methods of providing the service, the nature of the child population served, the proportion of serious versus mild disabilities in that population, and where children are

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38/ Testimony of Nicholas Zill, Ph.D.. Child Trends Inc. Prepared for the House Subcommittee on Select Education. June 25, 1985. Unpublished. p. 7.

39/ From a complete discussion of factor affecting the numbers of handicapped infants see, Hayden, Alice H. and G. R. Beck. The Epidemiology of High-Risk and Handicapped Infants. In Ramey, Craig T. and Pascal Trohanis, eds. High Risk and Handicapped Infants. Baltimore, Univ. Park Press., 1982. p. 19-51.

40/ See, U.S. Congress. House. Committee on Ways and Means. Children in Poverty. 99th Congress, 1st session. Committee print WMCP:99-8, May 22, 1985. Washington, U.S. Govt. Print. Off., 1985. p. 37-38. And, Allan Guttmacher Institute. Unpublished data.

served. Therefore, we would use caution in drawing any conclusions regarding potential program costs nationally from the data that are available from several sources.

It appears, from information on several State programs that $3,000 per child is a common estimate for a fairly comprehensive service program for developmentally delayed or "at risk" children between birth and age 2 years. This estimate would probably be expected to decrease as children got older, because there would be less emphasis on health services.

Available information suggests that a strictly "special education" program would be less costly per child than a "comprehensive service" program, but that such special education costs would be expected to increase as the child grows older. 41/

Louis Freedman, the director of the Massachusetts Early Intervention Program, believes that his program's expenditure of about $3,000 per child for comprehensive services to birth through 2 year olds probably represents the "upper end" of the scale compared to costs of similar programs. This program also provides transportation to children requiring such services; these services cost about another $500 per year per child. 42/

The New Jersey early intervention program also serves children from birth through age 2 years and provides comprehensive services. Its current budget is reportedly $10 million and serves 3,000 children; the average annual expenditure

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41/ Garland, et al. Early Intervention for Children with Special Needs and Their Families. p. 19.

42/ Telephone conversation between Charlotte Fraas and Mr. Freedman. January 1986 per child would, therefore, be about $3,300. 43/ California currently spends an average of $3,000 per child on early intervention programs, according to one report.

The Texas Early Childhood Intervention program (ECI) currently spends somewhere between $1,000 and $4,000 per child. The program director, Mary Elder, did not believe that a single per child estimate would be accurate because the ECI program often funds only a portion of total service costs; and that per child expenditures vary considerably according to the services that are necessary and available. 44/

Utah is considering mandating special education to 3 and 4 year old children. Program planners estimate that the program costs will total $6.7 million in the first year to serve 2,500 children--a per child expenditure of about $2,680. 45/

The Head Start program estimates that nationally the per child cost of service is $2,377. 46/ Although this program serves a significant proportion of handicapped children, it is not exclusively a "special education" program. We suspect the per child expenditure for a handicapped child only under the program may be slightly higher.

43/ Bridgman, Anne. Intervention in the Early Years. Education Week. December 18, 1985. p. 13.

44/ Telephone conversation between Charlotte Frass and Ms. Elder. January 1986,

45/ Education Week. October 2, 1985. p. 2.

46/ Project Head Start Statistical Fact Sheet. p. 2.

III. MAJOR ISSUES RELATED TO THE EXPANSION OF SERVICES TO HANDICAPPED PRESCHOOLERS

Issues that are central considerations in expanding services to handicapped preschoolers primarily involve service delivery to the birth through age 2 years population. This is true because: (1) the population needing services is difficult to identify; (2) the proportion of the population needing more expensive, non-educational, services is high; (3) services are likely to be necessary from a variety of disciplines and agencies; and (4) the appropriateness of a strictly education focus for these children may be open to question.

The following is a discussion of some major issues concerning program development for young handicapped children and how some States have addressed these issues.

A. Program Administration/Interagency Cooperation

The issues of program administration and interagency cooperation appear to be one in the same when discussing program needs for young handicapped children. The central issue is whether the administering agency will have a health orientation or an educational orientation, or somehow a mix of both. The "turf" questions that arise when considering programming for handicapped infants and toddlers appear to be the most important to resolve in establishing effective programs.

Which agency, if any, that has the ultimate responsibility in implementing policies for disabled infants and toddlers will determine where the program emphasis will be, but also where the program dollars will come from. When services are, by necessity, cross-disciplinary, as they are for young handicapped children, a balance of influence and funding from a variety of agencies may be desirable.

States with early intervention programs have followed a variety of models for program administration to accommodate both the financial and technical involvement of a variety of agencies. In some States, interagency collaboration starts at the State level, in others it is concentrated at the local level, and in some a combination of both. Sometimes interagency collaboration is formalized by statutes or executive agreements, but it is as often informally established among agencies in memoranda or even as matter of comity.

States appear to approach State-level early intervention program administration in three different ways: (1) establishing a State-level interagency council composed of representatives from various State agencies involved in the program, but independent of agency influence; (2) selecting a lead State agency for the program, possibly also requiring cooperation from other agencies; or (3) splitting responsibility for the program between two lead agencies according to the age of the child. 47/

The Texas Early Childhood Intervention (ECI) program is often cited as a good example of the interagency council model. This council is statutorily established to implement the State-wide ECI program, which serves children from birth through age 6 with or at risk of developmental delay. The Council consists of one representative each from the State Department of Health, Department of Mental Health and Mental Retardation, the Department of Human Resources, and the Texas Education Agency. Funding is appropriated to the Texas Department of Health for the ECI program, but it is allocated totally at the discretion of

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47/ See, National Center for Clinical Infant Programs. The Ought To Be A Law? Washington, 1985. p. 8.

the Council. Staff for the council represent the various agencies involved, and are sometimes paid with ECI funds and sometimes by their agencies. 48/

New Jersey provides an example of a single lead agency model. State law gives the State Department of Education the ultimate authority to provide intervention services for handicapped children from birth. The law also mandates, however, interdepartmental collaboration among the Departments of Education, Health, and Human Services. According to information we received from the State, the three departments are represented by "lead people" who are required to meet weekly for collaboration on all issues related to the implementation of the State law relating to early intervention. 49/

Iowa, which has had a service from birth mandate since the mid-1970s, provides an example of a State where the Department of Public Instruction is solely responsible for the implementation of early intervention activities, which appear to primarily be educational services. No interagency cooperation is required. A spokesperson for the Iowa Department of Public Instruction wrote us the following concerning interagency cooperation:

> We do not have a formal structure for interagency collaboration for preschool services. The State education agency is mandated to provide instructional and related services for all identified children with handicaps from birth through 21 years of age. It is necessary in many cases for a variety of State agencies and organizations to work very closely to provide the needed services for these children. The collaborative efforts seem to work very well in the local regions where these children are identified. The network would include

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48/ Early Childhood Intervention: 1985 Report to the Texas State Legislature. p. 8.

49/ Letter to Congressional Research Service and accompanying materials from State of New Jersey, Department of Health. Dated November 12, 1985.

> health services, human services, education and such organizations as pilot parents, ARC, and others. It would be an incorrect assumption to feel that any one agency in a State could provide all of the necessary services for the young handicapped population. 50/

The State of Massachusetts provides an example of the third model of program administration: "split" responsibility by age group. In this State, the Department of Public Health is responsible for a statutorily mandated network of early intervention services for handicapped children ages birth through 2 years; the State Department of Education becomes reponsible for services to handicapped children once they reach age 3 years when it is mandatory that such children receive special education and related services. Apparently there are some formal interagency agreements between these lead agencies and others in providing services, and there are informal "cooperative" efforts, especially regarding the transition of the children from the early intervention program to the preschool education program. 51/

One author has prepared a table indicating State agency responsibility for educational services to handicapped preschoolers (below 5 years of age) as of February 1984. We will attach a copy of this chart as an appendix to this memorandum for your reference.

States such as Colorado, Maine, and Minnesota have used local interagency cooperation to implement their early intervention efforts, usually based around school systems. Both California and Florida study committees have recommended a combination of State-level and local level collaborative mechanisms. Florida, which has conducted interagency collaborative demonstration projects in two

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50/ Letter to CRS from State of Iowa, Department of Public Instruction. Dated October 18, 1985.

51/ Summary Information of Early Intervention Services in Massachusetts. Prepared for the National Center for Clinical Infant Programs. Project Zero to Three. October 31, 1985.

school systems notes the importance of formalizing agreements between agencies to assure funding accountablity. 52/

We note that one of the most common forms of interagency agreements to serve handicapped preschoolers are between Head Start projects and a variety of agencies, including State and local educational agencies. 53/

We are not aware of any evaluations of the various interagency models regarding the improvement of accessibility of services to young handicapped children, or other indicators of effectiveness.

One group of professionals meeting to discuss the expansion of mandates for early intervention for the handicapped concluded,

> [P]lanners need to proceed with care when assigning agency reponsibility. Any given State should take into account its own historial circumstances and the particular capacities of its own institutions in picking a "lead"; it should build on what already exists.
>
> While following the model of P.L. 94-142 and giving sole responsibility to the State education agency may increase the acceptability of services to some parents, this route may be inappropriate for addressing the multiple needs of infants and toddlers. Health, mental health, mental retardation and social service agencies have resources and experience which should be mobilized as well. 54/

52/ Florida Department of Education. Bureau of Education for Exceptional Students. Technical Assistance Report. February 1985. p. 12.

53/ The Status of Handicapped Children in Head Start Programs. p. 26.

54/ There Ought To Be A Law? p. 8.

B. Program Funding

In its Seventh Annual Report to Congress, the Department of Education concludes that a "constraint" on States to require early educational services to all handicapped children is limited fiscal resources. 55/ Barbara Smith, writing on the Federal role in expanding service to young handicapped children, contends that insufficient fiscal support has resulted in States not serving some children even if mandated to do so, and that this situation is likely to get worse in times of Federal, State, and local budget cutbacks. 56/

It is difficult to determine the extent to which lack of funding is affecting the expansion of services to the preschool handicapped population. The California Ad Hoc Committee on Early Intervention found that 42 percent of the handicapped infants and their families who needed services did not receive them because of insufficient funding. It noted that infant programs in that State lacked a stable funding base. This funding instability was exacerbated by the fact that infant programs were not mandatory, so they took a "back seat" in agency budgets to to other priorities. 57/

Information provided by other States does not particularly cite insufficient funding as important an issue to program expansion as optimal use of the variety of existing resources. Some suggest the following actions to improve access to funds:

55/ Seventh annual report to Congress on the Implementation of the Education of the Handicapped Act. p. 13.

56/ Smith, Barbara J. Expanding the Federal Role in Serving Young Special-Needs Children. Topics in Early Childhood Special Education. Volume 4, no. 1, 1984. p. 34-35.

57/ Report of the Ad Hoc Committee on Early Intervention in California. p. 38-41.

--facilitating joint funding among State agencies for infant programs, through changing State laws or regulations that may preclude such funding;

--line item agency budgeting for early intervention programs;

--formal interagency agreements on fiscal responsibility for particular aspects of early intervention programs;

--exploring eligibility of children for Medicaid in the State to make better use of reimbursements under this program for medical services.

--school districts entering into cooperative agreements with local service agencies, including private not-for-profits.

Others suggestions made as possible new sources of funding for early intervention activities include: parent fees; designating fees for birth certificates to fund early intervention programs; taxes on luxury items with these revenues used to support the programs; and requiring third party payors (e.g., HMOs, Blue Cross/Blue Shield) to reimburse certain services. 58/

Currently, major early intervention and preschool programs for handicapped children on which we have information appear to be supported with State funds. We have limited information on budgets for these programs, but know that in at least Texas, Massachusetts, and New Jersey early intervention programs are line items in State departmental budgets and the State dollar investment is considerable.

As previously mentioned, Federal assistance is available to States from several different programs. P.L. 94-142 appears to be a common source of funding for preschool programs for children from 3 years old and up, and 25 States

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58/ Report of the Ad Hoc Committee on Early Intervention in California. p. 41.

use Preschool Incentive Grants to serve children under three. 59/ P.L. 89-313 also provides significant funding for programs in some States but, by law, may only be used for children who are under State responsibility, that is, who are are not covered by a special education mandate. 60/ The Federal Head Start program also contributes significantly to the overall programming for preschool handicapped children, and apparently, to a more limited extent, the DD programs.

Nearly one-sixth ($1.8 million) of Massachusetts early intervention current budget will be paid from Medicaid reimbursements, about half of which are from Federal funds. In Massachusetts, 36 to 38 percent of children served by early intervention programs are Medicaid eligible. 61/ Many believe Medicaid is underused as a source of funding for preschool services to the handicapped in other States. The interrelationship between Medicaid and the P.L. 94-142 program is currently a matter of some controversy, however, with regard to Medicaid reimbursement for services that might be considered nonmedical or educational in nature.

In Florida, local educational agencies determine what services they will provide to pre-kindergarten children and may choose funding from a variety of sources including: State funding generated from a child count; P.L. 94-142

59/ Information on Approvals of Applications to Serve Children From Birth Under the Preschool Incentive Grant Program. Provided by the Office of Special Education Programs.

60/ See, Seventh Annual Report to Congress on the Implementation of the Education of the Handicapped Act. p. 16.

61/ Telephone conversation between Charlotte Fraas and Louis Freedman. January, 1986.

basic grants and preschool incentive grants; P.L. 89-313; Head Start; and the chapter 1 (P.L. 97-35) Migrant Program. 62/

Iowa apparently administers its preschool program for the handicapped through Area Educational Agencies. The AEA uses P.L. 94-142 funds, generated on the basis of their special education child counts, to pay for preschool services to previously unserved children; other funding for preschool programs is available from State and local sources, and is generated by weights assigned to children according to the degree of disability. 63/

In summary, States have a variety of approaches to financing preschool programs. Central issues for some States is new funding, for others establishing a consistent funding base, and for still others coordinating existing resources.

C. Program Eligibility

A critical concern in expanding intervention programs to handicapped from birth through age 2 years, particularly under a universal service mandate, is establishing the most appropriate program eligibility criteria. As we have discussed in some detail in the introduction, the characteristics of infants and toddlers for whom intervention is appropriate differ from those for older children, with "risk" being an important consideration.

Central to the eligibility issue is whether and how to accommodate "risk" in program criteria. The more liberal interpretation of risk, the higher the numbers of program participants, and the more expensive the program. For

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62/ Florida Department of Education's Technical Assistance Report. Dated February, 1985. p. 12.

63/ State of Iowa. Department of Public Instruction. Iowa Preschool Handicapped Program Information. Des Moines [1982]. p. 4-8.

example, if environmental risk may be largely based on socio-economic background, does this mean that all poor children in large urban areas must be served by early intervention programs? If this is appropriate, is it practical?

Another problem with accommodating "risk" factors in program eligibility criteria is increasing the possibility of "false-positive" identifications of handicaps, determining children need intervention who are perfectly normal. But, it could be argued that such "over-identification" is preferable to not intervening with a large number of children who might benefit considerably from such intervention. 64/

It has also been argued that strict categorical eligibility criteria are inappropriate for infants and toddlers. Since many children who may need help would not fall into disability categories, program administrators might "label" a child with a disability simply to justify services. Some believe that misdiagnosis of a handicap can lead to serious lasting problems for some children.

Some States, such as Massachusetts, accommodate all "risk" factors in their eligibility criteria for intervention for infants and toddlers, but P.L. 94-142 definitions become applicable when special education services begin to be required by State law. Texas uses a "developmental delay/risk" definition for children to receive early intervention up to age 6 if ineligible for public school programs. Since children are eligible for special education services at age 3 years in Texas under the P.L. 94-142 definition, the early intervention

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64/ For a discussion of some of the problems relating to the identification of children to be served by intervention see Scott, Keith G. and Anne E. Hogan. Methods of Identification of High-Risk and Handicapped Infants. In Ramey and Trahonis. Finding and Educating High-Risk and Handicapped Infants. p. 69-81.

program serves that portion of developmentally disabled children who do not have P.L. 94-142's categorial handicaps or who are under 3 years of age. 65/

Two States, Iowa and Nebraska, with universal service mandates for special education appear to use more restrictive categorical eligibility criteria for their programs similar to those of P.L. 94-142. But Iowa has a "deferred diagnosis" category that may be used to provide eligibility for children up to one year until a specific diagnosis of a disability may be made. 66/

Some have suggested that another important factor in determining eligibility criteria for programs is that they provide a continuum of services for handicapped children who need it. 67/ If, for example, a program is split between a developmental approach for infants and toddlers, and an educational approach for older preschoolers, there should be no interruption in services.

D. Applicability of P.L. 94-142 Mandates

Under current law and regulations, once special education and related services are mandated for a child in a particular State, that child and his or her parents are fully covered under all of P.L.94-142's rights and protections if the State is a participant in the P.L. 94-142 program. 68/ Even in P.L. 94-142 participating States with permissive legislation for preschoolers, *if* the State chooses to serve a child in a preschool special education program and counts

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65/ Telephone conversation between Charlotte Frass and Mary Elder, January, 1986.

66/ Iowa Preschool Handicapped Program Information. p. 9-10.

67/ There Ought To Be A Law? p. 8.

68/ All States and territories participate in P.L. 94-142 currently.

such service to generate P.L. 94-142 or incentive grant funds, the child is afforded all P.L. 94-142 rights. These include a free appropriate public education; an Individualized Education Program (IEP); a program in the least restrictive environment; and due process protections.

At issue is whether P.L. 94-142's mandates may be appropriate for handicapped or developmentally delayed children from birth. The complications of applying a concept such as least restrictive environment to children between ages 3 and 5 are apparent under current law. How, for example, does a preschool handicapped child receive an education in a program with non-handicapped peers when such programs for the non-handicapped are not available? 69/ For an infant who is primarily cared for at home, how would the least restrictive environment standard be interpreted? Would it imply center-based services where the child would have contact with other children with disabilities of varying degrees or would the home environment be considered the least restrictive?

Another question would be who would be responsible for developing an IEP for an infant, public health authorities, special educators or both? Would it emphasize physical development such as improvement of motor skills, along with educational development? How would parent education, sometimes a critical aspect of early intervention, be addressed?

The extension of due process rights to children from birth also appears complicated. It could be argued that the due process protections afforded children and their parents under P.L. 94-142 are the heart of the enforcement of the law's mandate, and if P.L. 94-142 is the vehicle for the expansion of services to birth, such protections remain necessary and appropriate. Defining the due

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69/ For a legal analysis of this question see, Edmister, Patricia and Richard E. Ekstrand. Preschool Programming: A Legal and Educational Discussion of Mainstreaming and Intensity of Service Issues. Unpublished paper dated 1985.

process mechanism for infants and toddlers could be difficult, however, because of the involvement of public agencies other than education. Also, decision-making under the procedures may be complicated by potentially vague eligibility standards and program needs for the infant and toddler group. Finally, would due process rights for all handicapped children from birth lead to an infusion of "lawyers in the nursery."

E. Personnel Development

Among the major factors cited as precluding the expansion of preschool programs for the handicapped is a critical shortage of qualified personnel for early intervention programs. Apparently, few professionals such as therapists, special educators, speech-language pathologists, are specifically trained to work with developmentally delayed infants and toddlers, and other young handicapped children.

One alternative is to encourage State institutions of higher education to develop early childhood programs. An existing resource that might be strengthened is the University Affiliated Facilities developed under the DD program. Another suggestion has been for States to concentrate on the development of preservice and inservice training and of training resources.

A related issue is State licensing and certification policies. Some point out that States need to assess their personnel requirements and standards before initiating a comprehensive approach to early intervention. A recent survey indicates that 28 States do not require teacher certification for "teaching personnel" in early childhood programs. 71/

71/ U.S. Department of Education. State EC/SE Status and State Participation in Networks. Unpublished matrix.

IV. FEDERAL POLICY OPTIONS

You asked for examples of policies that the subcommittee might consider to promote the access of preschool handicapped children to services. The following are a few options, and their implications.

A. Examine Alternatives for More Effective Implementation of Existing Federal Programs

Many Federal agencies provide assistance for preschool services to handicapped children, and the collaborative efforts among Federal programs could be examined for more effective implementation. The subcommittee might review current preschool program implementation through oversight, or could establish, by law, an interagency task force to oversee program collaboration issues. While this approach may be the least dramatic in terms of program expansion, it would reflect Congressional interest in the preschool programming issue, and would require no new Federal funding.

A particular "communication" problem appears to have existed at the Federal level, as it does in States, between the education and health communities, although we understand that informal meetings are currently taking place between the Departments of Education and HHS to discuss preschool handicapped program issues. There are examples of lack of program coordination, however. The Division of Maternal and Child Health's Project Zero to Three funds projects in 15 States to help them deliver "comprehensive services" for disabled and "at-risk" children for their first 3 years of life, the same goal of the OSERS State early childhood program's planning/ development/ implementation grants. All of the Project Zero to Three States have the OSERS grants but apparently most do not even have the same personnel involved in both Federal activties. Also, some suggest that P.L. 94-142 and Maternal and Child Health "child-find" activities and the Early And Periodic Screening, Diagnosis and Treatment (EPSDT) programs need to be better coordinated. 72/

Another major area that might be examined is the interrelationships between the Medicaid and P.L. 94-142 programs, with a focus on preschool services. Apparently the Health Care Financing Administration and States are currently disputing the applicability of Medicaid reimbursements for certain services for the handicapped that are not specifically "medical" in nature. The Mental Health Law Project here in Washington is examining the issue of accessibility of disabled children to SSI and Medicaid and has some recommendations in this regard. Finally, the subcommittee might review the DD program's role in serving preschoolers and their relationship to the education communities' activities.

B. Establish National Commission on Early Intervention

Congress might create by law a national commission composed of experts in the variety of disciplines involved in serving young disabled children to report to Congress on the status of intervention programs and make recommendations for Federal policy. Such a commission could distill the complicated concepts and program issues that are involved in serving young handicapped children and offer some guidance to Federal policymakers on the most appropriate approach to take to promote full entitlement to services. Such a commission could be multidisciplinary and hopefully serve as a forum for some consensus between the

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72/ Smith, Barbara J. Expanding the Federal Rule in Serving Young Special-Needs Children. p. 40.

"health" and "education" approaches to issues. The commission could be established and report its findings within the time frame of P.L. 98-199 planning/ development/ implemention grants. This time period might be considered appropriate for a full service Federal mandate to take effect under any circumstances.

There have been a number of national commissions, and in some cases their recommendations were the basis for major legislation to respond to complicated national problems. Examples include President Lyndon Johnson's crime commission in the late 1960s and the immigration commission of the early 1980s. The 1980 amendments to the Higher Education Act established an National Commission on Student Financial Aid to examine issue and make policy recommendations regarding this aspect of higher education assistance.

The "commission alternative" would require some new Federal funding, but it would not approach what might be needed for new direct service grants. The disadvantage of a commission could be that it might be perceived as "just another study" in an area replete with studies.

C. Amend the Preschool Incentive Grant Program to Authorize All Children Served From Birth as the Basis for Funding.

In 1983, P.L.98-199 lowered the age of handicapped children who might be served by States with EHA Preschool Incentive Grants to birth, but funding to States remained dependent upon the number of children served between the ages of 3 and 5. The subcommittee might amend this program so that funds would be distributed on the basis of all children birth through age 5 served.

It could be argued that current law discourages some States from using preschool incentive grants to provide services to handicapped children from birth because it "dilutes" the funds that would otherwise be available to three to five year olds. Changing the Preschool Incentive Grant funding formula to accommodate the number of handicapped children served from birth would resolve this situation. While it would have obvious cost implications-- at current levels an additional $112 per new child counted for per child funding to remain constant--this approach would be the least costly option of those we will discuss involving new dollars for direct services.

D. Amend P.L. 94-142 To Lower the Age of Universal Service to Age Three.

P.L. 94-142 could be amended to remove the full service "exception" for preschool programs serving children between ages 3 and 5 years, inclusive. This approach would have the advantage of assuring access to special education services for children ages 3 through 5 years in at least 31 States and territories where they do not currently have universal access.

It could be argued that States currently without a mandate from age 3 years could readily adjust to a change to this mandate because all are currently serving some children between 3 and 5 years under the preschool incentive grant program, and must abide by P.L. 94-142's provisions. Also, the education-specific approach appears to be acceptable for the 3 to 5 year old age group, but it would arguably have to be re-examined if the mandate were to extend to the age group below age 3.

Extending the Federal mandate to age 3 would have cost implications. Under current appropriations levels, States receive about $388 for each preschool child served unless the State uses its preschool incentive grant to serve the birth through age 2 population, which would lower the per child funding. Therefore, appropriations under the Part B State grant program and the preschool incentive grant would have to increase to keep this per child contribution constant for the increased number of children who would be served under the proposal. If appropriations did not increase, the per child contribution for all preschool, elementary and secondary school children served under Part B would decrease as well as the per child funding levels under the preschool incentive grant program.

Another resource consideration is that once local agencies are mandated to serve handicapped children, eligibility for P.L. 89-313 funding would cease for a certain portion of the handicapped population of children who are currently eligible for such funding. Children who are not mandated to receive educational services from local agencies under current State law but do receive services under a State-operated program, are considered to be under "State" responsibility, just as children who are in institutions are considered under State care and may, therefore, be eligible for P.L. 89-313 funding. Once required to receive services from a local program, the children who are not otherwise under a State agency's care would be ineligible for P.L. 89-313 dollars.

If the preschool mandate of P.L. 94-142 were to be extended to age 3 years, the subcommittee might want to reexamine all the authorities for preschool direct service programs under EHA and other Federal programs to consider issues such as duplication and more effective coordination, especially between planning, direct service grants, and demonstration activites.

D. Amend P.L. 94-142 to Lower the Age of Universal Service to Birth

If access to services from birth for all disabled children is the immediate objective, then a Federal mandate for such services as a condition for Federal assistance could be the most appropriate policy alternative. Arguably, the P.L. 94-142 program is the most appropriate one to establish a "birth" mandate because it has the "track record" of effectively mandating services for the school-age handicapped population. States are familiar with identifying children needing services under the P.L.94-142 program, and as a condition for P.L. 94-142 assistance have already agreed to adopt the goal of providing services to children from birth.

A "from birth" mandate has some important policy and funding implications, however. It appears that the special education service model as it currently exists under P.L. 94-142 may be inappropriate for services that may be required for infants and toddlers who are handicapped. Even strong advocates for expanding the Federal mandate believe that P.L. 94-142's preschool provisions would have to be restructured to appropriately address the needs of the birth through 6 year old population. Areas of particular concern would be the definition of children who would be covered by the mandate, and any prescriptions concerning the responsibility of State education and other agencies to provide services. Also, what services would be mandatory and which agencies would be expected to pay for them?

Another consideration is if the definition of children who would be served from birth were broadened from the current P.L. 94-142 categorical standard, how would their later eligibility for P.L. 94-142 programs be affected?

Early intervention program administrators we have talked to express concern that a P.L. 94-142 mandate to birth would imply an "education slant." This, they argue, may exaccerbate education/health "turf" problems that many States have worked through. They stress that only if a Federal mandate could be so-structured as to provide for maximum flexibility to States in establishing administering mechanisms will it be effective. Otherwise, it may destroy the progress a number of States have made in establishing interagency cooperation in program administration and fiscal responsibility for early intervention.

The P.L. 98-199 planning/development/implementation grant time cycle of approximately five more years for most States might provide a gauge for a phase-in of a preschool mandate. During this period, any problems that arise in services delivery as a result of Federal law and rules might be identified and resolved.

The mandate to birth would also have obvious cost implications. If the Federal per child contribution to States were to remain at the current maximum level of $388 (includes Part B State grant and Preschool Incentive Grant), new appropriations would be required to keep this level of funding constant and to accommodate the new children served. Lacking new appropriations, available funding would have to be divided among a greater number of children served under both the Part B State Grant and the Preschool Incentive Grant programs, and per child assistance would decrease for all children served under both programs from preschool through high school.

One way to preclude P.L. 94-142 elementary and secondary school funding from being affected by a new service mandate to children from birth would be to establish a new separate formula grant program for preschool-age handicapped children. A concern in chosing this alternative is that the preschool program would not be tied to the larger well-established P.L. 94-142 State grant program. Therefore, the preschool program's policies would have to be relatively non-controversial in terms of its mandates, and appropriations would have to be sufficiently attractive to States so that they would have the incentive to participate in the program.

We would also note, concerning resource implications, the potential loss of funding under P.L. 89-313 for a portion of the prechool handicapped children who currently generate such funds. This was discussed in the previous section.

We hope that this information is useful to you in your consideration of preschool program issues. We would be happy to be of further assistance in this regard if necessary.

Source: National Center for Clinical Infant Programs. There Ought to be a Law?

SUMMARY OF STATE AGENCIES RESPONSIBLE FOR EDUCATIONAL SERVICES TO HANDICAPPED PRESCHOOLERS, FEBRUARY, 1985 (Linda J. Sohner)

State	Mandated	Permissive	Mandated	Permissive
Alabama				Education
Arkansas		Human Services		Education
Connecticut		Education MR/DD	Education	
Florida		Education Dept. Health & Rehab Svcs.		Education
Hawaii		State Health Dept. DD Branch (0-3)	Education	
Kansas		Education		Education Community MR Centers
Kentucky		Education MR/DD		Education/MR/DD
Louisiana	Dept. Hlth & Human Svc. (0-3)	Education	Education	
Maine		MH/MR		MH/MR
Maryland	Education		Education	
Massachusetts	Dept. of Health		Education	
Minnesota		Education Welfare	Education	Welfare
Montana		Education		Education
Nebraska	Education		Education	

State	Mandated	Permissive	Mandated	Permissive
New Hampshire		Education Division of Mental Health (?)	Education	
New Jersey	Education		Education	
New Mexico		Health		Health
New York		Education		Education
South Carolina		MH/MR Health Education		MH/MR Health Education
Ohio	Dept. of Mental Retard. & Developmental Disabilities		Dept. of Mental Retard. & Developmental Disabilities	
Rhode Island	Dept. of Mental Health Retardation		Education	
Tennessee		MH/MR Health	3+ Education	MH/MR Health
Texas		Interagency Council		Education
Utah		Dept. of Social Services Health Education		Dept. of Social Services Health Education
Vermont		Social Rehab Services Education		Social Rehab. Services Education
Washington		Social & Health Services		Education Social & Health Services
Wisconsin		Education County Handicapped Children's Ed. Board	Education	
Wyoming	Dept. of Health & Human Services		Dept. of Health & Human Services	

Senator **Weicker**. Thank you very much, and the committee will stand in recess until February 21.

[Whereupon, at 11:20 a.m., the subcommittee was recessed, to reconvene Friday, February 21, 1986.]

REAUTHORIZATION OF THE EDUCATION OF THE HANDICAPPED ACT, DISCRETIONARY PROGRAMS

FRIDAY, FEBRUARY 21, 1986

U.S. SENATE,
SUBCOMMITTEE ON THE HANDICAPPED,
COMMITTEE ON LABOR AND HUMAN RESOURCES,
Washington, DC.

The subcommittee met at 9:30 a.m., in room SD-430, Dirksen Senate Office Building, Senator Lowell P. Weicker, Jr. (chairman of the subcommittee), presiding.

Present: Senators Weicker, Stafford, and Simon.

OPENING STATEMENT OF SENATOR WEICKER

Senator WEICKER. The committee will come to order.

Today is the final hearing to consider the reauthorization of the discretionary programs of the Education of the Handicapped Act. We will consider both the accomplishments of these vital programs and recommendations to improve services for the Nation's 4 million handicapped children. I might add if there is any problem vis-a-vis seating, there are additional chairs right up here at the end of the dais. Please do not hesitate to go ahead and use those.

Two weeks ago when we met in this room, the administration's 1987 budget proposal for these programs had not been released. The subcommittee was told at the time that the administration wants a 1-year extension for these programs rather than a full 3-year reauthorization. What we did not know at that time was that the administration would submit a budget for 1987 to return funding of special education and vocational rehabilitation to 1985 levels. What about the increases Congress approved for this year, fiscal year 1986? In the words of the Education Department budget, and I quote, "The increases enacted for 1986 should not be maintained, and the Department proposes that they be rescinded."

Now, let us stop for a moment and put this budget cut into the context of what we are about ready to hear. I do not usually jump the gun on what our witnesses have to tell us, but the information about the quality of life for disabled Americans is really startling.

Thanks to the Council on the Handicapped, and its Chairperson, Sandy Parrino, we have before us a new Harris poll. It is a poll commissioned by this committee or by the Congress; by the Council on the Handicapped itself. The results of that poll bring us face to face with the reality of obstacles, as serious as any minority group has ever known. Among the findings:

Disabled Americans have far less education than nondisabled Americans.

Disabled Americans are much poorer than nondisabled Americans.

Two-thirds of disabled Americans, age 16 to 64, are not working.

We will hear more about this shortly from Mr. Humphrey Taylor of the Harris group, and Sandy Parrino. But I want to point out an important contrast here. The agenda is obviously unfinished, yet the administration would have us believe that all is going well, so well, in fact, that there is actually fat to trim from programs that educate handicapped children.

Now, never mind the warm feelings that one has toward one's neighbor or the bright-eyed youngster in the United Way ads. We will not put it on a humanitarian basis. I think it should be there for this greatest of all nations, but let us leave that aside for a minute.

We are talking about the abandonment of an investment as important as any in this Nation, investment in human potential. The issue, once we throw in the towel, is not simply lost opportunity, but tremendous out-year costs to the entire Nation. This may cause human distress to a minority, but it is a fiscal disaster for us all.

The proposed reduction in funding is no surprise. The administration clearly wants the Federal Government to stop all investment in the quality of life in this country and, just as clearly, we are not going to allow that to happen. The provision of a free and appropriate public education for all handicapped children is not just a deal Congress struck when times were good It was a long-term investment in this Nation's future, and there will not be any short-selling simply because times are now considered bad for everybody but the Pentagon.

I have to jump the gun on something else that is about to happen down at the White House. As we sit here considering cuts, preparations are underway at 1600 Pennsylvania Avenue for a celebration of these programs—a celebration of 10 years of progress in educating the Nation's handicapped children under Public Law 94-142. Today the White House celebrates, and in the weeks to come the administration will send its officials, on by one, to testify before me in the Appropriations Committee to defend the $108 million cut from the program they celebrate today.

Quite frankly, this celebration is nothing but hypocrisy. Instead of advocating genuine opportunity for the disabled, this administration pushes nothing but photo opportunities.

Despite glamorous displays of partnership with handicapped children, this administration's true partnership is with the past, when the disabled were locked into institutions and out of the Nation's schools and workplaces. I am not just talking about the administration's actions this year, but its actions every year, almost the life of this landmark education act. Let us look at the facts, and then I urge those who can to ask the White House to match rhetoric with reality.

What I have attempted to do in the course of this presentation is not to match my rhetoric or the rhetoric of this committee against the President, but just to put out on the table the cold hard facts which are totally beyond dispute by anybody.

Beginning in 1981, the administration attempted to repeal the Education of the Handicapped Act by putting it in a block grant with other elementary and secondary education programs. If Congress had not said no, education for all handicapped students would have been virtually eliminated.

Again in 1982, the administration proposed gutting block grant, and again Congress had to say no to save the program.

With its legislative attempts rejected, the administration attempted repeal by Executive order, featuring major surgery on the program's regulations. Had the new regulations gone into effect, protections for parents would have been undermined and the least restrictive environment mandate would have been gutted. In addition, the access of handicapped students to these programs and other services would have been severely limited.

Each year, the administration's budget request spells out loudly and clearly its commitment to the handicapped. For fiscal 1982, the administration requested a rescission of $258 million, or 28 percent. For the education of the handicapped in fiscal 1983, the administration proposed reductions of 21 percent. The fiscal 1984 budget request was for a $90 million cut in education programs for the handicapped. Fiscal 1985 and fiscal 1986 requests were for a $26 million cut and a $15 million cut. Now we hear the administration is ready to turn the clock back to 1985 levels. Well, when this newly celebrated law was passed 10 years ago, the Federal share of funding handicapped education was supposed to reach 40 percent by 1982. The Federal dollar commitment, despite the best efforts of this administration to stop it cold, now stands at only 10 percent.

I have to point out once again, so nobody confuses that which is mandatory as to that which is a matter of discretion, that the administration quite properly applied the 4.3 percent cut as was applied to every other program in the Government on the fiscal 1986 budget. But then they requested an additional $44 million cut over that 4.3 percent on fiscal 1986. Then for fiscal 1987 keeps that cut in place bringing us back to the levels of 1985.

The word "hypocrisy" is not strong enough as applied to what is being done in the White House this morning and the record of this administration as to the substance and funding of programs for the handicapped.

Unable to repeal Public Law 94-142, unable to destroy it by token funding, the administration has chosen to demonstrate its commitment to the handicapped by refusing to fill key positions within the Department of Education. There has been no permanent Director of Special Education Programs in 3 years.

Where do we have a permanent advocate for the right of public education for all Americans. In the Office of the Secretary of Education, we have witnessed little more than opposition and ignorance when it comes to preparing handicapped children for the future. One key policy position in the Department was given briefly last year to a woman who had written that "laws for the education of the handicapped have selfishly drained resources from the normal school population."

Secretary Bennett himself, last September, wrote that Public Law 94-142 had resulted in students being, and I quote, "restricted in special education programs, isolated from their communities and peers until they are out of school." Obviously the Secretary does not know the facts. According to his own Department, 93 percent of the students served under the law are served in regular public schools. He should know many of these students would be receiving no services or sitting in institutions if not for this law. He should know that, but he obviously does not.

If the administration really wants to celebrate Public Law 94-142, it is going to take a lot more than rhetoric and refreshments. If the White House has any real interest in maintaining the Nation's commitment to educational opportunity, there should be less time spent in the rose garden and more time in the thorns making the necessary tough choices. Not choices that demand sacrifices from society's most vulnerable. Those are easy, those are the stock in trade of this administration. I am talking about the choices that require sacrifices from the political majority. Those are tough choices.

Let it be clear that no administration proposals—be they fundings cuts or 1-year extensions—will prevent this Subcommittee from pressing forward with the important business of reauthorization of these programs.

Now make no mistake about it also, I think it is up, not just to the Congress and the President, but for the American people to speak out as to their priorities. This record of disgrace, which is what it is now for some 5 years, is shared by all the American people. And if, indeed, everybody is satisfied with the fact that the most vulnerable of our citizens have been the ones most severely penalized. If they do not care about that, then they had better start caring about their pocketbooks because catchup ball in this area, which is what is going to have to be done monetarily in the outyears, is going to be monumentally expensive.

Today we will examine the postsecondary regional programs, the transition program, technology for the disabled, regional resource centers, and research.

I would hope that when the next celebration takes place in the White House, that indeed there will have been a record to celebrate. The celebration can properly be directed toward those who created this great law, who fought for it in the Congress, and who manifested it in the streets of America, the parents, the teachers, and members of the Council on the Handicapped. Those who have done everything that they could to see that there was equal opportunity. And then, hopefully, someday there may be a celebration in our Executive Mansion. But let it be based on fact and not photo opportunity.

Before we hear from our first witness, the Chair will entertain any statements from those other Senators on the committee.

[The prepared statements of Senators Hatch and Kerry follow:]

PREPARED STATEMENT OF SENATOR ORIN HATCH, UTAH

I am pleased to comment on the reauthorization of discretionary programs in the Education of the Handicapped Act. I regret not being able to attend, but pressing responsibilities require that I be in Utah today. However, under the outstanding leadership of Senator Weicker, I am certain the members of this important committee will carefully consider the testimony to be presented.

I am particularly disappointed not to be here today to introduce four of the witnesses from Utah who will testify on a very important part of the Education of the

Handicapped Act, secondary special education and preparation for transition from school to adult services.

Each year between 250,000 and 300,000 special education students leave the public schools and enter a complex service system that is poorly focused, unconnected and often overlapping. This system has no single agency assigned to take the lead responsibility for there is no specific federal legislative mandate. Eligibility for needed services varies widely between different programs. Unfortunately, the type of service an individual received is often dependent on the willingness and tenacity of parents to seek, discover and demand needed services. Current services to handicapped adults focus primarily on health care through Medicaid and on income maintenance through the Social Security system. In many situations, fear of losing these benefits represents the major disincentive to the handicapped individual and his or her family to train for and seek gainful employment. In this way they are in fact prevented from obtaining the independence and self-sufficiency that is the cornerstone of the Education of the Handicapped Act.

One of the most important discretionary programs of the Education of the Handicapped Act is transitional services and supported employment. Four Utah witnesses: two professionals, a parent and a handicapped young man will testify on behalf of the need for these services. I want to welcome them here and have asked my staff to ensure that they are received cordially and that we hear what they have prepared to share with us.

I want to complement the outstanding work of the Senators on this committee. Over the past several years we have made great strides in providing educational and health services to handicapped children. But handicapped children like all children grow up. Many have now aged out of our public schools and are not now eligible for children services. The task we have before us now is to identify, design and provide the services handicapped youth and adults need to help them obtain increased independence and to participate as fully in our society.

Prepared Statement by Senator John Kerry

Good morning, I want to welcome our witnesses and thank them for participating in our second hearing on the reauthorization of discretionary programs of the Education and the Handicapped Act.

Today's hearing will focus on the discretionary programs that have proven essential to ensure an effective support system to meet and understand the educational needs of over four million handicapped children.

The programs consist of postsecondary regional programs, regional resource centers, transition programs, and research and technology.

Research is critical if we are to be able to answer the endless questions surrounding the educational future of handicapped youth. The research model under this act has enabled experts to explore many aspects of educating the handicapped, such as the merits of early childhood interventionical procedures to better train special educators and family members, determining new ways to develop intervention to mention but a few. In this regard, if we are to further understand these needs, we must continue on the course of research and technological breakthrough.

Since the enactment of P.L. 94-142, dramatic improvements in the lives of handicapped children have been achieved through mainstreaming. Innovative approaches in physical education, and technological development, have allowed handicapped kids to participate in our educational system in a manner that a decade ago seemed impossible.

We have developed ways to assist these children in school. It is equally important that we ensure that adequate transition and follow-up programs are in place throughout the Nation. Decent transitional and postsecondary programs are critical to the future successes of these children. Hundreds of thousands of handicapped children graduate from special education programs each year. Unfortunately, however, throughout the country, the transitional services vary. As lawmakers we must allocate sufficient resources and promote adequate services to better assist children when they graduate. We must ensure that a decent system is in place, to assist these individuals as they move from the educational mainstream to the mainstream of employment and the daily American way of life.

I look forward to today's testimony and reiterate my commitment to developing future strategies designed to enhance the lives of our disabled citizens during the educational years as well as throughout their lives.

Senator WEICKER. Senator Stafford, who was the author of Public Law 94-142, and Senator Simon, who was another author of Public

Law 94-142. We are fortunate in having with us those two legislative leaders that are responsible for the legislation.

Senator **Stafford**. Thank you very much, Mr. Chairman.

I simply, at this point, want to be associated with what you have said. As one of the principal Senate sponsors of Public Law 94-142 10 years ago with Senator Jennings Randolph, since retired, I have been embarrassed ever since that time that we have never come closer than 9 or 10 percent to reaching the 40 percent of Federal support for Public Law 94-142 that we then intended.

I am sorry that this morning the Environment and Public Works Committee, which I have the privilege of chairing, is meeting at 10 o'clock. I have to be there when it starts. I hope to get back here before the witnesses have completed. I hope to hear Mr. Taylor before I have to go.

With that I will yield to Senator Simon.

Senator **Weicker**. Thank you, Senator Stafford.

Senator Simon.

Senator **Simon**. I want to join my colleague from Vermont in saying I am pleased to be associated with your remarks.

I have said it before and I will be saying it many times again the real test of whether we are a civilized society is not whether we respond to the wishes and the whims of the rich and the powerful, but whether we help people who really need help. There is no question that there is a record of insensitivity in this administration. It is a record of insensitivity that may very well reflect the public.

But the function of leadership is not simply to reflect public opinion, but to provide leadership for the people who really need help in our society.

Our chairman, Senator Weicker, used the word "choices" several times here before us. There are choices. In this budget, for example, we are not only asked to cut back on opportunity for Americans with disabilities, we are also asked to put money in for research for planes so that we can go from Dulles to Tokyo in 2 hours, have breakfast in Washington and have lunch in Tokyo.

Now, I am not opposed to having lunch in Tokyo. That is very nice. But really is that the priority we ought to have when we look at some of these other needs?

I am looking forward to hearing from the Lou Harris firm on what they have to say. I regret that I have not had a chance to look at it. But I have been doing a little research in the whole area of employment. And as you look at employment opportunities, people who are employable, the highest employment rate is not among Hispanics, not among blacks, not among women, it is among disabled Americans who are employable, who could be constructive members in our society. I hope what the Lou Harris poll and survey shows is going to stimulate us to do a little more, and maybe stimulate us also, Mr. Chairman, to move on turning around the *Grove City* decision. I sense that the fire under changing that is dwindling, and that has to be reversed if we are going to do what we should.

I want to see a real celebration. I want to see a celebration some day that says we are doing what we really ought to be doing for Americans with disabilities. I want to see a celebration that shows we are providing employment opportunities for people who need it.

Why does a country like Austria, for example, have much lower unemployment rates among the disabled, among everyone than we do? For a very simple reason. They have made a priority of putting people to work, of seeing that their opportunity is there. We have to make a priority of it. We have not done that yet and, thanks to your leadership, Mr. Chairman, I do not know if we are going to move in the right direction, but at least you are prodding the conscience of all of us so that maybe we will move in the right direction and have leadership that does what it ought to do.

Thank you.

Senator WEICKER. Thank you very much, Senator Simon.

Our first witnesses then are Sandy Parrino, who is the Chairperson of the National Council on the Handicapped, and with her is Mr. Humphrey Taylor, the president of Lou Harris & Associates.

Sandy, I believe you are going to introduce our witnesses, and welcome to the committee.

STATEMENTS OF SANDY PARRINO, CHAIRPERSON, NATIONAL COUNCIL ON THE HANDICAPPED; ANDREA FARBMAN, PUBLIC AFFAIRS STAFF SPECIALIST, NATIONAL COUNCIL ON THE HANDICAPPED; HUMPHREY TAYLOR, PRESIDENT, LOUIS HARRIS & ASSOCIATES, INC., NEW YORK, NY; AND STUART LEICHENKO, RESEARCH ASSOCIATE, LOUIS HARRIS & ASSOCIATES, INC.

Ms. PARRINO. Thank you.

I would like to personally thank the chairman and members of the Senate Subcommittee on the Handicapped for the opportunity to present the results of this first ever Harris poll to investigate the perceptions of persons with disabilities.

I am here today with our executive director, Mr. Lex Frieden. There are several present members of the National Council on the Handicapped, including Dr. Michael Marge, Mrs. Marian Koonce, and Dr. Latham Brunig. My husband, Richard Parrino is also here, and he has been a tremendous advocate for 19 years. Dr. Andrea Farbman, our public affairs specialist, is also present today.

Last summer, the National Council decided that a poll of Americans with disabilities was needed. We met with Humphrey Taylor, the president of Louis Harris in New York, and I think his enthusiasm at that time spurred us on to undertake this poll. It was funded by the private sector, not by the budget of the National Council, and the International Center for Disabled [ICD] in New York became involved, helped facilitate and actually commissioned the study.

We arranged for several disabled Americans and professionals around the country to work with the Harris poll people and Mr. Taylor. They reviewed the questions meticulously and paid great attention to how they would be asked and what questions would be asked.

Mr. Taylor was always there, constantly guiding us. Mr. Leichenko, another staff member of Lou Harris, was also extremely helpful, as were all the people from ICD.

The purpose of the study was to obtain data on disabled persons' experiences and attitudes to provide guidance to the Council and others regarding public policy for Americans with disabilities.

I trust that most of you are familiar with the fine reputation of Louis Harris & Associates in terms of impartial and thorough public opinion research. I am very honored to introduce Mr. Humphrey Taylor, who is president of Louis Harris & Associates. Prior to becoming president of in 1976, Mr. Taylor headed up the London office and was responsible for all international research. Mr. Taylor's expertise has extended to more than 3,000 surveys in 60 countries funded by various government appropriations and foundations.

So it is a great pleasure to introduce Mr. Taylor to provide the subcommittee with a special briefing on this historic study.

Senator **Weicker**. Mr. Taylor.

Mr. **Taylor**. Thank you.

Mr. Chairman, Senators, I am very honored to have this opportunity to come before your subcommittee to report one of the most important and valuable surveys on which I and my colleagues at the Harris firm have worked. I believe the results of this research give your subcommittee a picture of the lives of disabled persons, a picture for which there has been previously very little hard information. This picture includes details of their education, work, social life, lifestyles, and quality of life.

My colleagues and I are deeply indebted to many people without whom there would have been no survey. We are particularly grateful to the J.M. Foundation, the International Center for the Disabled, and the National Council, as well as many other organizations and individuals for the help, ideas and support.

I have beside me my colleague, Stuart Leichenko, the project director, whose good work I am presenting.

The survey is based on interviews with a nationwide cross-section of 1,000 disabled Americans, aged 16 and over, excluding those who are permanently institutionalized.

As you well know, there is no single definition of disability which is universally acceptable or even universally useful. We defined disability to include a broad range of physical, mental and psychological impairments which affect approximately 27 million Americans aged 16 and over. That is 14 percent of the population. To put it into perspective, it is about twice the number of Hispanic people in this country.

The interviews were conducted in November and December 1985. We have not yet finished a complete analysis of the findings, which we will do over the next few weeks. This is therefore a preliminary report.

In the interest of time, I would ask your permission, Mr. Chairman, to submit my written remarks for incorporation into the record. If that is acceptable to you, then I will proceed by focusing on those of our findings which I think the members of your subcommittee will find particularly interesting.

Senator **Weicker**. Your remarks in their entirety will be placed in the record.

Mr. **Taylor**. Thank you.

Let me start, if I may, with a measure of how disabled Americans believe life has changed for them in the past decade and what role they believe the Federal Government has played in creating changes for disabled persons. The results show nationwide efforts and the passage of Federal laws have made an important difference in the lives of most disabled Americans.

An overwhelming majority of disabled Americans believe that life has improved for disabled persons in the past 10 years; 7 out of 10 disabled persons say that things have gotten somewhat better, or much better for disabled persons during that period.

Our findings are also a powerful endorsement for the role played by the Federal Government to give better opportunities to disabled persons. A two-thirds majority of disabled Americans think that Federal laws passed since the late 1960's to give better opportunities to disabled Americans have helped a great deal, or helped somewhat.

The strength of this endorsement for a Federal Government program is, I think, unsurpassed since we, the Harris firm, began measuring public support for Federal programs and laws. It is, perhaps particularly in these days, an encouraging and important confirmation that the Federal Government has helped and could therefore continue to help disabled Americans.

When it comes to how disabled persons should be treated under the law, a near consensus emerges. Three out of every four disabled persons believe that civil rights laws that protect minorities against discrimination should also protect them. Only 17 percent disagree.

One thing which the survey does is to give the rest of us some sense, some understanding of what it actually means to be disabled. For example, disabled Americans have far less education as a group than do nondisabled Americans. Forty percent of all disabled persons aged 16 and over did not finish high school. This proportion is nearly three times higher than in the nondisabled population, where only 15 percent of adults aged 18 and over have less than a high school education. This finding clearly has implications for the education in the future of handicapped children.

The differences in the proportions of disabled and nondisabled persons who have gone to college are also dramatic. Only 29 percent of disabled persons say they have any college education compared to 48 percent of nondisabled persons. And, of course, many of the disabled people were educated before the onset of their disability.

Disabled Americans are much poorer than are nondisabled Americans. Half of all disabled persons, aged 16 and above, live in a household with income for 1984 of $15,000 or less. Among nondisabled Americans, only one-quarter, 25 percent, have household incomes in this bracket.

There is, furthermore, a disturbing rate of poverty among older disabled Americans. Fully 1 in 3 of disabled persons, aged 65 and over, report a household income of $7,500 a year or less. And 6 out of every 10 elderly persons report a household income of $15,000 a year or less.

The more severe the disability, the greater the poverty. The more severely disabled persons are even poorer as a group than slightly or moderately disabled persons, or those less limited in their activities.

A 56-percent majority of disabled Americans say that their disability prevents them from getting around, attending cultural or sports events, or socializing with friends outside their home as much as they would like.

The result of these limitations is that disabled people, especially severely disabled people, socialize much less with friends and family than do nondisabled persons.

Disabled Americans are also less involved in community life than are nondisabled Americans; 6 out of 10 nondisabled persons say they are somewhat or very active in community groups, such as religious groups, volunteer groups, or recreational groups. Only 4 out of 10 severely disabled say that they are somewhat active in community life.

Let me turn, if I may, to another issue, and I believe it is a crucial one for the agenda of this subcommittee, the issue of work.

For most Americans, striving to reach one's abilities amounts to working to achieve career and financial goals. Our society expects people to work, and the preeminent criterion by which we usually judge and measure a person's worth is the job that he or she does. Not working is perhaps the truest definition of what it means to be disabled in this country. No other demographic group under 65 of any size has such a small proportion working. Young blacks, for example, a group often singled out because of their very high level of unemployment, are much more likely to be working than are disabled Americans.

Two-thirds of all disabled Americans between the ages of 16 and 64 are not working. Only 1 in 4 works full time and another 10 percent work part time.

We asked the nonworking majority of disabled Americans under 65 if they would like to be working. Two-thirds, 66 percent, of those not working say that they want to work—they would like to be working. This is, I think, one of the most dramatic and challenging findings in the whole survey. The challenge I suggest is how can society help these disabled persons to fulfill their desire to work.

Let me turn, if I may, to the question of benefits.

The data suggests one reassuring finding. Overwhelmingly, benefits appear to be going to the right people. The more severe the disability, the more likely it is that a person is receiving benefits. A far greater proportion of those receiving benefits, 72 percent, say that they are very or somewhat severely disabled, than do those not receiving benefits.

Overall, disabled persons receiving benefits are the most disadvantaged group among all disabled persons. They have less education and less money, even after receiving their benefits, and are more severely disabled.

When it comes to self perceptions, how people see themselves, we find profound differences between disabled people who work and those who do not work. A 59-percent majority of nonworking disabled persons under 65 say they consider themselves disabled or handicapped. Only 1 in 4 working disabled persons consider themselves to be disabled.

The survey also identified a number of important reasons why many disabled persons are not working at all, or are only working part time.

Forty-seven percent of these disabled persons who are under 65 say that employers will not recognize that they are capable of doing a job because of their disability.

Thirty-eight percent of these disabled persons say that undereducation and a lack of marketable skills are important reasons why they are not working.

About three out of 10 say that a lack of accessible or affordable transportation is an important reason that they are not working.

And 2 out of 10 disabled persons say that a lack of needed equipment or devices which will help them work or communicate more easily is an important reason why they are not working.

One issue raised frequently in discussions of barriers which prevent disabled persons from working is the fear of a loss of key benefits, including Government health insurance. The survey findings show that 70 percent of disabled persons who currently receive benefits would lose some benefits if they started working full time. But only 18 percent of those not working, or working part time, say that fear of a loss of benefits is an important reason why they are not working full time.

I am sorry if I have bombarded you with findings and numbers. Perhaps I can take just a moment to recap the major points in the survey.

Some of the news obviously is very good. Life for disabled Americans has improved dramatically in the past decade. A major reason for this improvement is the laws passed by the Federal Government. It is difficult indeed to think of any other comparable area where Federal legislation has produced such strong and positive results.

However, while life has improved for most disabled Americans in the past decade, being disabled still means having much less of almost everything in life than most other people in this country. For the great majority, being disabled means not working and relying on benefits or on someone else for support.

Indeed, our survey provides a clear picture of disabled Americans as an extraordinarily disadvantaged group. Only one-quarter of disabled citizens in the working age population are working full time, although most of these people would like to work. Fully 40 percent never finished high school. Most say they are prevented from getting around because of fear that their disability will cause them to be hurt, victimized by crime, or become sick.

Disabled people are much poorer than their nondisabled counterparts—fully half of them live in households with annual incomes of 15,000 or less. Being disabled means not getting around and not having a full social life.

Disabled people socialize less with friends and family, and are less involved in community and many other activities. Disabled persons go to movies and attend cultural events far less often than the population as a whole.

Unsurprisingly, a majority of disabled people believe their disabilities have prevented them from reaching their full abilities as a person. They are less satisfied with life than are nondisabled persons. However, despite their disadvantaged status, the majority of disabled Americans say that they are satisfied with their lives. Only 1 in 4 say that they are dissatisfied with life, a rather remarkable finding in the light of the portrait of hardships revealed by our survey.

While I think that these United States can be proud of the tremendous strides which have been made in the last few years to provide a better life for disabled people, we must also recognize that we have only just begun the job of helping disabled persons achieve their full potential and enter the mainstream of American life.

Thank you very much. I would be happy to answer any questions.

[The prepared statement of Mr. Taylor and responses to questions submitted by Senator Kerry follow:]

STATEMENT OF: MR. HUMPHREY TAYLOR, PRESIDENT
LOUIS HARRIS AND ASSOCIATES, INC.

BEFORE THE: SENATE SUBCOMMITTEE ON THE HANDICAPPED

REFERENCE: REAUTHORIZATION HEARINGS
ON DISCRETIONARY PROGRAMS OF THE
EDUCATION OF THE HANDICAPPED ACT

DATE: FEBRUARY 21, 1986

Statement of Humphrey Taylor
Senate Subcommittee on the Handicapped
Washington, D.C.
January 21, 1986

Good morning Mr. Chairman and members of the Subcommittee. I am Humphrey Taylor, President of Louis Harris and Associates, Inc. I am personally delighted to have the opportunity to come before the Senate Subcommittee on the Handicapped to highlight one of the most important and valuable surveys on which I and the Harris firm have worked. In particular, I believe that the results of this study could give the Subcommittee a picture of the lives of disabled persons, a picture for which there has been very little data. This picture includes details of education, work and social life.

My colleagues and I are deeply indebted to many people. We are particularly grateful to the J.M. Foundation, the International Center for the Disabled, and the National Council on the Handicapped, as well as many other organizations and individuals for their assistance and cooperation.

Now for a look at the survey. The survey involved a nationwide cross-section of 1,000 disabled Americans, aged 16 and over, excluding those who are permanently institutionalized.

You as legislators well know, there is no single definition of disability which is universally acceptable or even useful. We defined disability to include a broad range of physical, mental and psychological impairments which affect approximately 27 million Americans aged 16 and over (14% of the population aged 16 and over). To put that into perspective -- it is approximately twice the number of Hispanic people in this country.

We interviewed them by telephone in November and December 1985. We have not yet finished our analysis of the findings; we plan to do so over the next several weeks. This is a preliminary overview.

THE NATURE AND SEVERITY OF DISABILITY

Who are these 27 million disabled people?

Forty-four percent of the sample said that a physical disability was either their only disability or their most limiting disability. (Physical disabilities were defined as nonparalytic orthopedic impairments, neuromotor or neuromuscular disorders, brain disfunction or memory loss, disfigurement, and deformity.) Thirteen percent said their only condition or most limiting condition was a visual impairment, hearing impairment, or speech impairment. Six percent have mental disabilities. Thirty-two percent had other serious health impairments as their only disability or most limiting disability. These included heart disease, respiratory disease, cancer, diabetes, and other major diseases.

Thirteen percent of the sample were disabled from birth to adolescence, 21% were disabled as young adults, 22% were disabled in middle age, and 37% were disabled after age 55.

Forty-six percent of the sample say that their disability prevents them completely from working or keeping house. Thirty-eight percent said that they are limited in the amount or kind of work which they can do. Eight percent said that they are limited in other activities, but not in work. And eight percent said that their disability does not limit them at all.

Fourteen percent of the sample described their disability as slight, 31% described it as moderate, 28% described it as somewhat severe, and 24% described it as very severe.

One in seven live in households with other disabled people. For those of us who are relatively new to the field, it is important to keep in mind this picture -- a very heterogeneous group, with people of very different types and levels of impairment, with very different histories, and with very different experiences of living with their disabilities.

PERCEPTIONS OF CHANGE IN THE LIVES OF DISABLED AMERICANS

Let me start with a measure of how disabled Americans believe life has changed for them in the past decade, and what role they believe the federal government has played in creating changes for disabled persons. The results show that nationwide efforts and the passage of federal laws have made an important difference in the lives of disabled Americans.

(1) An overwhelming majority of disabled Americans believe that life has improved for disabled persons in the past decade. Seven out of ten disabled persons say that things have gotten somewhat better or much better for disabled people during the past 10 years.

The most severely disabled persons are somewhat less likely to feel that things have improved than are slightly or moderately disabled people. However, a substantial majority of even severely disabled people feel that life has improved for disabled people. A finding which underscroes the significance of this finding.

(2) Our findings are also a powerful endorsement for the role played by the federal government to give better opportunities to disabled persons. A two-thirds majority of disabled Americans think that federal laws passed since the late 1960s to give better opportunities to disabled Americans have helped a great deal or helped somewhat.

The strength of this endorsement for a federal program is unsurpassed since the Harris firm began measuring public support for federal programs and laws. It is an encouraging and important confirmation that the federal government has helped (and could continue to help) disabled Americans.

WHAT IT MEANS TO BE DISABLED

One thing which this survey does is give the rest of us some sense -- some understanding -- of what it means to be disabled.

While life has improved for most disabled people in the past decade, being disabled still means having much less of almost everything in life than most other people in the country. It means having much less education and much less money. For the great majority, being disabled means not working and relying on benefits or on someone else for support.

Being disabled usually means not getting around and not having a full social life. Disabled people socialize less with friends and family, and are less involved in community activities. Disabled persons go to movies and attend cultural events far less often than the population as a whole.

Unsurprisingly, most disabled people believe their disabilities have prevented them from reaching their full abilities as a person. They are less satisfied with life than are non-disabled persons. However, despite their disadvantaged status, the majority of disabled Americans say that they are satisfied with their lives. Only a quarter [redacted] say that they are dissatisfied with life, a remarkable finding in light of the portrait of hardships revealed in these survey findings.

On an individual level, the survey found that being disabled means something different for almost every disabled person. Because the range and effects of disabilities are so broad, the types of problems faced by disabled people also vary greatly. For some, the greatest problems which they face are physical: trouble walking, running, or climbing stairs. For other disabled persons, the psychological effects of a disability trouble them most; how they come to see themselves or how they believe other people perceive them. For still others, not being able to steer a car or see well enough to drive may be what troubles them most. Certainly, the inability to work or find a job is a trial faced by the great majority of disabled persons. There are other common problems faced by many disabled persons. But the unifying thread in these findings is the common experience of hardship in one or many aspects of life. Being disabled means a much harder life fraught with many more obstacles than those faced by other people.

I'd like to look at some of these findings in a little more detail.

(1) Disabled Americans have far less education as a group than do non-disabled Americans. Forty percent of all disabled persons, aged 16 and over, did not finish high school. This proportion is nearly three times higher than in the non-disabled population, where only 15% of adults, aged 18 and over, have less than a high school education.

The differences in the proportions of disabled and non-disabled persons who have gone on to college are also dramatic. Only 29% of disabled persons say they have at least some college education, compared to 48% of non-disabled persons -- and many of the disabled were educated before the onset of their disability.

(2) Disabled Americans are much poorer than are non-disabled Americans. Half of all disabled persons (50%), aged 16 and over, have a household income for 1984 of $15,000 or less. Among non-disabled Americans, only 25% have household incomes in this bracket.

The same contrast is evident when comparing the proportion of each group whose household income is at least $35,000. Only 12% of disabled persons fall into this bracket, compared to 27% of non-disabled persons.

These differences are due in part to the disturbing rate of poverty among older disabled persons. Fully one in three (32%) of disabled persons, aged 65 and over, report a household income of $7,500 a year or less. Six out of ten elderly disabled persons report a household income of $15,000 or less.

The more severe the disability, the greater the poverty. The more severely disabled persons are even poorer as a group than slightly or moderately disabled persons, or those less limited in their activities.

(3) A 56% majority of disabled Americans say that their disability prevents them from getting around, attending cultural or sports events, or socializing with friends outside their home as much as they would like.

This figure rises to 67% among somewhat severely disabled persons, and to 79% among very severely disabled persons. In contrast, only 19% of slightly disabled persons say that their disability limits their mobility or social life.

(4) The result of these limitations is that disabled people -- especially severely disabled people -- socialize less with friends and family than do non-disabled persons.

(5) Disabled persons go to the movies and to cultural events far less often than do the adult population as a whole. Nearly two-thirds (64%) of all disabled persons never went to a movie in the past year. When, in another survey, we asked all adults how often they went to the movies, only 22% said that they never went during the past year.

The differences are equally large when comparing how often disabled and non-disabled people go to the theater or to live popular music performances. Three-fourths of all disabled persons did not go to a live performance of theater or popular music during the past year. Among all adults, only about four out of ten said that they did not do so.

Lack of money, mobility, transportation and the difficulties of coping with a crowded environment, and perhaps under-education among disabled persons, are some of the causes of these differences.

(6) Disabled Americans are also less involved in community life than are non-disabled Americans. Six out of ten non-disabled persons say that they are somewhat or very active in community groups such as religious groups, volunteer groups, or recreation groups. Only four out of ten disabled persons are active in these kinds of groups.

Only about one in ten severely disabled persons say that they are even somewhat active in community life.

(7) Not surprisingly, disabled persons express less satisfaction with life than do non-disabled persons. Sixty-nine percent of disabled persons say that they are somewhat or very satisfied with life, compared to 90% of non-disabled persons. It is more surprising -- and perhaps encouraging -- that only one in four disabled persons express dissatisfaction with life, and that a large majority are satisfied.

On the other hand, dissatisfaction with life rises to 29% among somewhat severely disabled persons, and to more than one of every three very severely disabled persons.

(8) Perhaps the most telling measure of how disability affects people is that a 57% majority of disabled persons believe that their disability has prevented them from reaching their full abilities as a person. The majority who believe this rises to 72% among severely disabled persons.

WORKING AND NON-WORKING; THE GREAT DIVIDE

Let me turn to another issue -- and it's a crucial one -- WORK.

For most Americans, striving to reach one's abilities amounts to working to achieve career and financial goals. Our society expects people to work, and the preeminent criterion by which we judge and measure a person's worth is the job that he or she does. Americans below retirement age, who do not work, live somewhat apart from the mainstream of life in this country. Unemployment excludes them from the common experiences known to most Americans.

Not working is perhaps the truest definition of what it means to be disabled in this country. No other demographic group under 65 of any size has such a small proportion working. Young blacks, for example, a group often singled out because of their very high level of unemployment, are much more likely to be working than are disabled Americans.

(1) Two-thirds of all disabled Americans, between age 16 and 64, are not working. Only one in four work full-time, and another 10% work part-time.

We asked the non-working majority of disabled Americans under 65 if they would like to be working. Sixty-six percent said that they would. This is one of the most dramatic and challenging findings in the whole survey. The challenw can society help them to fulfill this desire?

(2) Differences between the employment levels of men and women are modest. Both working and non-working disabled persons below age 65 are divided about evenly between men and women. But the similarities between the two groups -- disabled people who work and those who don't -- end there. Working disabled persons are younger and, far wealthier; many more have at least some college education, and far fewer never finished high school than have non-working disabled persons. For example, 44% working disabled persons report a 1984 household income of $25,000 or more compared to only 21% of non-working disabled persons.

(3) Those disabled later in life are less likely to be working than those who were disabled when they were younger. This suggests that those who are disabled later in life have more difficulty adjusting to, and overcoming, their disabilities. As one might also expect, working disabled persons are less limited in their activities and less severely disabled than are non-working disabled persons. Another way of looking at disabled persons' work status is by the proportion who are in or out of the labor force, as defined by the Census Bureau. The result offers another significant measure of isolation from the mainstream. Sixty-two percent of disabled persons, aged 16 to 64, are not in the labor force even though most of them want to work. That is, they are not working full- or part-time and are not actively looking for work in the past month. These people must therefore depend on insurance or benefits checks for support, or the support of someone else.

About six out of ten of these people who are not in the labor force receive some sort of income support from either insurance payments or government benefit programs. (Of those receiving benefits, a 60% majority say that they are the main wage earner in, or financial support of, their household, another indication of the financial pressures affecting disabled people.)

(4) The data suggests one reassuring finding. In general, benefits are going to the right people. The more severe the disability, the more likely it is that a person is receiving benefits. A far greater proportion of those receiving benefits (72%) say that they are somewhat or very severely disabled than do those in the group not receiving benefits (46%).

Overall, disabled persons receiving benefits are the most disadvantaged group among all disabled persons. They have less education and less money, and are more severely disabled.

(5) There are profound differences between the self-perceptions of disabled people who work and those who do not work. A 59% majority of non-working disabled persons, aged 16 to 64, say that they consider themselves disabled or handicapped people. Only one in four (26%) working disabled persons considers himself disabled.

(6) Working disabled persons also are more satisfied with life than are non-working disabled persons. Eighty percent of working disabled persons say that they are at least somewhat satisfied with life, compared to 62% of non-working disabled persons. Those not working are more than twice as likely to be dissatisfied with their lives.

We have several questions which examine the role of employers.

(7) One out of four (25%) working-age disabled persons say that they have encountered job discrimination because of their disability. For myself, I was relieved that this figure was not higher.

(8) Thirty-five percent of disabled persons who work now or who have worked full time while disabled say that their employer made some sort of accommodation for their disability. This finding suggests that some disabled persons currently working are able to work because their employer adopted a policy or provided some help that allowed them to continue working.

DISABLED AMERICANS AS AN UNDERPRIVILEGED GROUP; A SENSE OF IDENTITY

Several findings in the survey indicate an emerging group consciousness among disabled Americans.

We included two attitudinal questions on this subject never before asked of a national sample of disabled Americans: the extent to which they feel a sense of common identity with other disabled Americans; and whether or not they feel that disabled persons are a minority group in the same sense as blacks and Hispanics. The results show clear signs of an emerging group consciousness. Many other findings in the survey indicate that most disabled persons view their disability as their own problem. But these attitudinal data suggest that the common experience of not working and being limited in physical and social activities affect the way disabled persons relate to other disabled persons, and how they perceive other disabled people.

(1) A large majority of 74% of all disabled Americans say that they feel at least some sense of common identity with other disabled people. Only 16% say they feel no sense of common identity with other disabled people.

Surprisingly, to me (at least), the strength of this identification varies little among disabled people of all ages, those who have been disabled all or only part of their lives, and among those who are moderately or severely disabled. Clearly, this feeling of identity is prevalent among most disabled Americans.

(2) A smaller number -- but almost half -- of all disabled Americans feel that disabled persons are a minority group in the same sense as blacks and Hispanics.

However, majorities of younger disabled persons and those disabled from birth to adolescence (in large part the same people) believe that disabled persons are a minority group. For example, 56% of persons whose disability began to limit them from birth to adolescence say that disabled persons are a minority group, compared to only 43% of those disabled after age 55.

(3) When it comes to how disabled persons should be treated under the law, a near consensus emerges. Three out of every four (75%) disabled persons believe that civil rights laws that protect minorities against discrimination should also protect them. Only 17% disagree.

BARRIERS TO ENTERING THE MAINSTREAM AND HOW TO OVERCOME THEM

As you know, a focus of this study was whether it is possible to bring more disabled persons into the mainstream of American life.

We therefore included a number of questions which identify barriers keeping disabled persons from working, participating fully in other aspects of life, and getting the services which they need. We hope policymakers will find these results useful as guides in their efforts to develop and implement policies which will bring more disabled Americans into the mainstream. The survey also asked a series of questions to learn how disabled persons themselves think that government and society should, or should not, work to help disabled Americans.

(1) Overwhelming majorities of all disabled persons think that government and the private sector should (a) increase efforts to educate, train, and rehabilitate more disabled persons so that they can join the workforce; and (b) increase efforts to provide more equipment and adapt more workplaces so that disabled persons can work better and communicate more easily with other workers. Specifically:

-- Ninety-five percent of disabled persons think that there should be increased efforts to educate, train, and rehabilitate disabled persons so that they can work.

-- Ninety-four percent of disabled persons say that there should be more special equipment in offices and factories, so that disabled persons can work more easily and communicate better with other workers.

(2) Those findings may not surprise you. The next one may do so. Almost eight out of ten disabled persons (78%) also feel that there should be less government spending for disabled persons who are able to work but don't work. (The survey did not seek to learn who is able to work but does not. But remember two-thirds (66%) of disabled persons below age 65 who do not work say that they want to work.

But, however successful we are in providing more work opportunities for disabled people, there will always be very many who can't work or can't find suitable jobs.

(3) Large majorities of disabled persons feel that society must take care of these disabled persons who cannot work, so that they are able to live comfortably without working. Eighty-nine percent of all disabled persons would like to see increased government and private benefits for disabled persons who cannot work. Only 4% disagree.

Much more controversial are steps which, in effect, bring pressure to bear on disabled persons to go out and work, despite their disability. And opinions are ambivalent. As you've heard, a large majority would favor the government spending less on people who could work. At the same time, a 54% majority of disabled persons approve of society taking better care of all disabled persons, so that they are not "forced to go out and work," while 43% disapprove strongly or somewhat that society should take this direction in its policies towards disabled persons.

Clearly some of these answers were somewhat contradictory, depending on the wording and the emphasis of the questions. But, on balance, most disabled persons strongly support efforts by government and employers to find ways to encourage many more disabled persons to join the mainstream of working Americans, while also doing more for those who are genuinely unable to work.

(4) The survey also identified a number of important reasons why many disabled persons are not working at all, or only working part-time. Some of these barriers to work cannot be addressed effectively by policymakers, such as when a person is so severely limited by a disability that they cannot do any work at all. But in a number of areas there appears to be much room for changes which will bring disabled persons into the workplace.

-- Forty-seven percent of disabled persons who are not working full-time and who are under 65 say that employers won't recognize that they are capable of doing a job because of their disability.

-- Thirty-eight percent of these disabled persons say that under-education and a lack of marketable skills are important reasons why they are not working.

-- About three out of ten (28%) say that a lack of accessible or affordable transportation is an important reason why they are not working.

-- And two out of ten (23%) disabled persons say that a lack of needed equipment or devices which will help them work better or communicate more easily is an important reason why they are not working.

One issue raised frequently in discussions of barriers which prevent disabled persons from working is fear of a loss of key benefits, such as government health insurance. The survey findings show that 70% of disabled persons who currently receive benefits would lose some benefits if they started working full-time.

But a much lower 18% of disabled persons not working at all, or currently working part-time, say that fear of a loss of benefits is an important reason why they are not working. It seems that this fear is not one of the most important reasons why more disabled persons are not working. The need for continued medical treatment, current employer attitudes, lack of education and skills, and transportation problems bar many more disabled persons from working.

(5) I have not yet mentioned the most frequently mentioned barrier which prevents disabled people from participating fully in social and cultural activities. It is the fear that their disability would cause them to get hurt, sick or victimized by crime. Fifty-nine percent of disabled persons whose activities are limited say that fear is an important barrier to participating. How much we can do about that, I'm not sure.

(6) A 56% majority of disabled persons who have trouble getting around also say that not having someone to help them get around limits what they are able to do.

(7) Half of those whose mobility is limited say that inability to use public transportation, or a lack of special transportation, or someone to drive them is an important barrier to a full social life and full mobility for them.

(8) Four out of ten diabled persons whose mobility is limited say that public buildings and public bathrooms which they can't get into or use were important reasons why they are prevented from getting around as much as they would like to.

(9) Four out of ten disabled persons whose mobility is limited say that self-consciousness about their disability prevents them from getting around or socializing as much as they would like.

We also asked some questions about the special services available for disabled persons.

(10) Most disabled persons are not familiar with some of the most common services available to disabled persons, such as medical and rehabilitation services. However, majorities of disabled persons are familiar with vocational rehabilitation (60%) and transportation services for disabled persons (58%).

Overall, these findings suggest that there is much room for improvement in efforts to inform disabled people about key services available to them so that they can use them. No more than 13% of disabled persons have used these services, which I understand are generally available throughout the country.

(11) One way to provide information about services to disabled persons would be to fund an 800 number which people could call to find out about services available to them in their state. We asked about this. Three-fourths (76%) of all disabled persons say that they would be very likely (52%), or somewhat likely (24%) to use an 800, free of charge, to find out about services available to disabled persons in their state.

IN CONCLUSION

Sorry I have bombarded you with findings and numbers. Perhaps I can summarize what we have found -- very briefly.

Some of the news is obviously very good. Life for disabled Americans has improved dramatically in the last decade. A major reason for the improvement is the laws passed by the federal government. It is difficult to think of any other area where federal legislation has produced such a strong and positive results.

But we cannot escape the conclusion that disabled Americans are still an extraordinarily disadvantaged group. Only one-quarter of disabled citizens in the working age population (16 to 64) are working full time, although most of those under 65 would like to work. Fully 40% never finished high school. Many are afraid to go out because of the dangers that they say they face -- that they will be hurt, victimized by crime or become sick.

Indeed, disabled persons go out much less often than most other Americans, and fully 56% feel that they are prevented from getting around and socializing.

They are much poorer than their non-disabled counterparts -- fully half of them live in households with annual incomes of $15,000 or less. And a majority feel that they haven't realized their full potential because of their disabilities.

Disabled Americans are not only much poorer, they are also much less well educated, have a more restricted social life and far fewer working opportunities than the rest of America.

Of all the things society could do, probably the most important would be to help more disabled people to work. If one thing distinguishes the minuity of disabled citizens who have a fuller and more satisfying life from the rest, it is that they work.

Furthermore, fully two-thirds of those under 65 who are not working would like to do so. The crucial question: Can we help them to do so? And, if so, how?

The survey strongly suggests that we could substantially increase the number who work.

Major barriers to employing more disabled Americans which we can address include:

- The lack of readily accessible transport.

- Their lack of education and marketable skills.

- A reluctance by many employers to recognize the potential of disabled persons followed by a reluctance to make the necessary accommodations to allow them to work. And,

- Physical barriers, including workplaces and public buildings with steps, regular lavatories and other obstacles.

While America can be proud of the tremendous strides which we have made in the last few years to provide a better life for disabled Americans, we must also recognize that we have only djust begun the job of helping them achieve their full potential and enter the mainstream of American life.

(EDITOR'S NOTE: Additional material accompanying this statement entitled "Disabled Americans' Self Perceptions: Bringing Disabled Americans Into The Mainstream," Study No. 854009 by Louis Harris and Associates, Inc., was retained in the files of the committee due to printing limitations and in the interest of economy.)

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WASHINGTON, D.C.

LONDON
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March 5, 1986

Senator Lowell Weicker, Jr.
Chairman
Subcommittee on the Handicapped
United States Senate
Washington, D.C. 20510

Dear Senator Weicker:

Thank you for your letter. I was honored to testify before your Subcommittee on the results of our survey of disabled Americans. Thank you for the opportunity. Enclosed are the responses to Senator Kerry's questions, which you requested.

As soon as our final report is ready for release (later this month), we will make sure that you receive a copy.

If we can help you in any other way, please contact me or my colleague, Stuart Leichenko. His number is (212) 975-1663.

Sincerely,

Humphrey Taylor
President

HT:bc

RESPONSES TO SENATOR KERRY'S QUESTIONS

Q1: Give your definition of handicap. How did you locate the population of the handicapped which were surveyed?

A. Past studies of disabled Americans have defined disability in a number of different ways. The two most common approaches have been to define disability either as the existence of a limiting health condition which interferes with a person's normal activities, or as the existence of a condition which prevents or limits an individual's ability to work.

This survey incorporated aspects of both of those approaches, but also includes other criteria:

-- A person was defined as disabled if he or she had a disability or health problem that prevented them from participating fully in work, school, or other activities.

-- A person was defined as disabled if he or she said that he or she had a physical disability, a seeing, hearing, or speech impairment, an emotional or mental disability, or a learning disability.

-- A person was defined as disabled if he or she considered himself or herself disabled, or said that other people would consider him or her disabled.

Using these criteria, the Harris firm screened randomly in the general population, and found the incidence of disability to be 14% among Americans aged 16 and over. This would place the number of Americans in this age group at about 27 million.

The survey is based on 1,000 telephone interviews with a national sample of non-institutionalized disabled persons aged 16 and over. All respondents met at least one of the definitional criteria listed above. About half of the respondents were under age 55. The data were then weighted to bring up the number of elderly disabled people to the proper proportion in the population.

When a disabled person was unavailable for an interview, or unable to be interviewed, a proxy was chosen who knows most about that person. About 17% of the interviews were conducted with proxies.

All interviews were conducted between November 30, 1985 and December 23, 1985, from the Harris firm's central telephone facility in New York City Interviews averaged 32 minutes in length.

Q2: Were there significant differences in the responses of persons with physical, mental or psychological impairments?

A: Only 3% of the respondents said that their only disability, or most limiting disability, was mental illness. Another 3% were mentally retarded or developmentally disabled.

This is an insufficient number to make reliable statistical comparisons with the large number of respondents who said that a physical disability was their only disability or most limiting disability.

Unfortunately, therefore, we do not have any solid data about people with mental and psychological impairments. That must wait for another survey.

Senator WEICKER. Thank you very much, Mr. Taylor.

Obviously my first question then would be that it would seem to me that it flows from your conclusions this is not the time to cut back on these Federal programs or the funding of these Federal programs?

Mr. TAYLOR. I think the survey points overwhelmingly to the fact that there is a great deal more to do and that there are many things which could be done which would have an enormous impact in improving the quality of life for disabled Americans, and for getting many more of them into the work stream. And that if we reverse the steps that have been taken over the last decade, then we are going to make the situation worse.

Senator WEICKER. I think it also important to point out since we hear so much from this administration as to what it is that the Federal Government does not do, and the fact that, in education, the Federal role has been somewhat less than successful. I think it important to point out that the Federal Government really only operates in three areas. It operates in remedial education, primary and secondary education for disadvantaged youth. It operates in higher education as far as educational opportunities, college educational opportunities are concerned. And then what brings us here today, special education.

The school systems of this country are not run by the Federal Government. They are run by the local governments and by the State governments. And so this great broadside perception that there has been some sort of a Federal role that has not succeeded, just is not so. I think this focuses on one aspect of the Federal role where everybody can see it has been an enormously successful endeavor insofar as special education is concerned.

Would you say that there is a linkage between that educational process supported by the Federal Government and the ability to work?

Mr. TAYLOR. I have a little list of what I think are the five or six things which society, the Government, and the private sector could and should do to most substantially improve the quality of life for disabled people, and at the top of my list——

Senator WEICKER. I would like to hear that.

Mr. TAYLOR [continuing]. Is the need to do more to educate, train and rehabilitate people so that they can find work.

Senator WEICKER. Cuts in vocational rehabilitation will result in 87,000 Americans not receiving an education in the area of vocational rehabilitation.

Mr. TAYLOR. We have not done an economic analysis, but it is clear from our data that very large numbers of disabled people could, with these and other steps, be brought into the work force. Clearly the economic implications of that are enormous.

Senator WEICKER. In other words, when they are brought into the work force, they then become taxpayers instead of just taxes. Is that a fair way to put it?

Mr. TAYLOR. Indeed. And my understanding is that only a very tiny part of all of the Federal dollars which have been spent directly or indirectly in helping the disabled have actually gone toward education, training, and rehabilitation.

Senator WEICKER. Senator Simon.

Senator SIMON. Thank you, Mr. Chairman.

First, Senator Kerry is in Massachusetts today and would like to enter a statement and some questions into the record.

I do not know, Ms. Parrino, who launched this survey, but it is great. It is a real public service.

If I may ask, is there anyone here from the Department of Education?

Senator WEICKER. Yes, there is somebody back there.

Senator SIMON. Someone back—all right.

Can you see to it that we have a request from me to see to it that the Secretary himself reads this document? OK? Because I think it is very, very significant. I hope we use the tools you have given us.

One of the figures you mentioned is that simply young blacks, for example, a group often singled out because of their level—high level of unemployment, are much more likely to be working than are disabled Americans That does not mean that we should not help young blacks; but we have a problem that we have not faced up to.

I am curious when you say only 1 in 4 working disabled persons consider themselves disabled.

How did you get the list for survey?

Mr. TAYLOR. We used three methods of qualification, and one of them was a series of specific disabilities which we went through. A second one was if they were prevented by disability from participating fully in work, school, or other activities.

The third category was those people who were self-described as disabled. That means that we have this group of 27 million people who are very heterogeneous, who vary from very severely disabled to those with relatively minor disabilities.

How many of those have relatively minor disabilities? Depending upon your definition, between perhaps 7 and 14 percent of these 27 million people.

Senator SIMON. And then one other comment here, Mr. Chairman. Perhaps the statistic that I found the most intriguing here, one that has policy implications, one issue raised frequently in discussions of barriers which prevent disabled persons from working is fear of a loss of key benefits, such as governmental health insurance.

The survey findings show that 70 percent of disabled persons who currently receive benefits would lose some benefits if they started working full time.

I do not know how we deal with that. But clearly this is an area where we have a problem we have to work on.

I thank you very, very much. I regret I have another subcommittee meeting I have to get to. I would like to stay for the rest of this. But you have contributed, I think, a very, very significant document. And I do not know who all is responsible. You mentioned it was a nongovernmental source. Whoever contributed to making this survey possible made a real public contribution, Ms. Parrino.

Thank you, Mr. Chairman.

Senator WEICKER. Thank you, Senator Simon.

I only have one further question. But I would ask that the record remain open so that those Senators that are not here can submit questions to you, Mr. Taylor and Sandy, for response to the record.

You say two-thirds of all disabled American adults are not working. Do you have any way of extrapolating that figure in the sense of what is possible in terms of reduction, in other words, is there a minimum, in other words, which clearly would always be unemployed, or what do we—is there any way you can feel around this area and give us any ideas to what can be done?

Mr. TAYLOR. We are venturing into the role of real hypothesis here, because many things change, and the kind of job openings and opportunities change, and the ability of the technologist to provide the equipment changes.

There will always, however, be a very substantial core group who are relatively unemployable. Having said that, my guess is, and this is really a personal guess, looking at all of the data, that it would certainly be possible to bring in at least 40 to 50 percent of those who would currently like to work and are not working into the labor force if we took the kind of steps which we know are takable today.

Senator WEICKER. Do you want to complete your list there? You said you jotted down those things which you felt were at the top of the list to be done. I would like to hear them.

Mr. TAYLOR. Well, the first one, as I mentioned, was the critical need to educate, train, and rehabilitate people to give them the job qualifications and the job skills which they currently lack.

Second, the need for more special equipment and facilities, including architectural changes in offices and factories and other workplaces, everything from accessible drinking fountains, bathrooms, to specially adapted computer terminals.

Third, architectural changes. We have clearly made a start but I think we could do much, much more to make public buildings accessible, elevators, entrances, curbs, bathrooms, and so on.

Four, accessible and affordable transportation.

Five, increased information to inform disabled people about services such as rehabilitation services, transportation services, independent living centers. Many disabled people are not aware of these services, and relatively few people are using them.

Finally, and perhaps most difficult, is in the long run a change in public attitudes and increased public acceptance. It is too much to hope that we might see disabled people, for example, in advertisements in the same way that older Americans are being used far more frequently in advertisements recently?

Senator WEICKER. Mr. Taylor, I thank you very much and your organization for their work product.

Sandy, do you have any concluding remarks? It seems to me that without any end, you have really cut your work out for yourself as far as you and the Council on the Handicapped are concerned.

Ms. PARRINO. We will have the final results in mid-March, and by then we hope to know what we are going to do with them in the future.

We do feel the employment issue is so important that we have to start concentrating in that area.

I would also like to say that we were not able to include in the survey children under the age of 16 or people in institutions because we could not afford to. We were able to raise the money in the private sector for this survey, and Mr. Taylor pointed it out to us that there had to be limits. And many of us were unhappy that we had to cut to the age of 16 because there is a lot to learn about those below that age.

But we hope that maybe there will be more interest now in this kind of survey, and maybe we can do, or Mr. Taylor can help us do a survey on children and people in institutions. We feel that is very critical.

Senator WEICKER. I would like to point out that the education process, as you know, is one that as far as the handicapped are concerned should start at the earliest years of life, and, indeed, I believe one of the recommendations of your Council, and it will be one of the priorities of this committee, is to extend Public Law 94-142 to birth, if you will, forward.

We know that the education given in those years is probably the most critical in the development of these people.

Thank you very, very much, for your testimony and for your work, we look forward to working with you.

Thank you.

The second panel—we will take a break after the second panel testifies—the second panel consists of John McDonnell of the University of Utah, Salt Lake City, UT. Mr. McDonnell runs a transitional program. Brad Ferguson, a teacher in the Roy School District, Roy, UT; and Lois Ibrahim and her son, Brett, from Ogden, UT. Brett is a student in a transition program.

I would like to, at this time, extend to our witnesses from Utah Senator Hatch's welcome. Senator Hatch is in Utah today while all of you are in Washington. I would like to use this occasion in saying how helpful Senator Hatch has been in the work of this subcommittee. As most in this room know, we are not of the same philosophical persuasion. That has not in any way prevented Senator Hatch from being enormously helpful on both legislation and funding of the programs under discussion here today. Our differences in the main do not relate to the work of this subcommittee. He is a very staunch friend.

I present to all of you his welcome on his behalf.

Our first witness then—but I have a statement from Senator Hatch which will be included in the record at the outset of the hearing.

Our first witness then will be Dr. McDonnell from the University of Utah.

Dr. McDonnell.

STATEMENTS OF JOHN McDONNELL, Ph.D., PROJECT DIRECTOR, UTAH COMMUNITY-BASED TRANSITION PROJECT, DEPARTMENT OF SPECIAL EDUCATION, UNIVERSITY OF UTAH, SALT LAKE CITY, UT; BRAD FERGUSON, HIGH SCHOOL TEACHER FOR STUDENTS WITH SEVERE HANDICAPS, ROY HIGH SCHOOL, ROY, UT; LOIS IBRAHIM, PARENT OF HIGH SCHOOL STUDENT WITH SEVERE HANDICAPS, OGDEN, UT; AND BRETT IBRAHIM, HIGH SCHOOL STUDENT WITH SEVERE HANDICAPS, BINGHAM HIGH SCHOOL, JORDEN SCHOOL DISTRICT

Dr. McDONNELL. Chairman Weicker, thank you for the opportunity of testifying today on transitional services for youths with handicaps.

I am Dr. John McDonnell from the University of Utah, and I am one of many professionals and parents from across the Nation who are concerned about the transition of handicapped youth from school to adult life. With me today are Brad Ferguson, who is a teacher, special education teacher, who works with students with severe handicaps at Roy High School, and Mrs. Lois Ibrahim and her son, Brett.

In 1983, this committee recognized that one of the most critical and challenging times for handicapped individuals and their families is the movement from school to adult life.

Followup studies of graduates leaving public school programs within the last several years clearly indicate that handicapped individuals, particularly students with severe handicaps, are inadequately prepared for employment and do not access resources and services that would enhance their participation in the community. In fact, the level of community participation attained by many of today's graduates is not significantly different from handicapped individuals a decade ago who had no educational opportunities.

This has occurred because some high school programs for students with severe handicaps continue to utilize outdated and ineffective curriculum and instructional approaches for preparing students to work, live, and recreate in community settings. In addition, there has been little done to increase coordination between community service agencies to more adequately plan for the service needs of handicapped youth following school.

Another serious problem that has hampered the transition of students from school to the community is that parents have had little involvement in the process. Parents play a critical role in developed individualized educational programs that will prepare their child for the demands that face them as an adult, in obtaining needed services at graduation, and in maintaining the student's service network following high school. Despite this, school programs in the past have done little to equip parents to effectively plan their child's transition and adjustment to the community. This often places unnecessary emotional and financial burdens on the student's family when needed services are not available at graduation.

The congressional authorization of a new program, "Secondary Education and Transitional Services for Handicapped Youth," under Public Law 98-199, provided the authority to develop model secondary and transitional programs to assist handicapped youth to achieve greater independence during the adult years; to maximize the handicapped individual's participation in community settings; and become involved in the economic life of the community through employment.

Under the authority of this provision, the Office of Special Education and Rehabilitative Services has funded programs across the country that have made a significant difference in facilitating the transition of handicapped students to the community. We are here to describe one such model program that would not be in existence today without the transition initiative under Public Law 98-199.

The Utah community-based transition project is a cooperative effort of local school districts, parents of severely handicapped youth, and the Utah State Office of Education, the Utah State Department of Social Services, the division of rehabilitation services, and the University of Utah. The purpose of this project is to develop a high school classroom model that references curriculum and instruction to activities and services that are critical to students' successful participation in their own local community; provide systematic vocational preparation that establishes meaningful employment options for students in community sites prior to graduation; establishes opportunities for handicapped and nonhandicapped students to interact frequently with each other in and outside of school; directly involve parents in planning the transition of their child from school to work and the community.

The UCBT project is currently working with four high school classrooms that serve 32 students with moderate and severe handicaps. All students, despite the severity of their handicap, access a number of vocational and community training activities each day. These activities include vocational options, such as learning to stock shelves in grocery stores, working as an aide in a preschool program, personal management activities such as shopping for groceries, using a savings account, riding the mass transit system, and using restaurants. Brett has had a long trip on the plane.

It should be noted that until the implementation of the UCBT model, students in most of these four classrooms had never received direct training in employment or community sites.

In the last several years of each student's high school program, these activities are woven into a comprehensive transition plan by a local transition planning committee which includes the student, their parents, their teacher, and community agency representatives. This plan identifies the services needed to support the individual's participation in these activities, and outlines the steps necessary to ensure that services are established.

By the end of the grant period, we hope to be working with a minimum of 10 high school programs throughout Utah. These classrooms will serve as models for other teachers and school districts in developing more effective transitional programs for students with moderate to severe handicaps. In addition, the UCBT project through its ongoing in-service training component has trained over 60 classroom teachers and administrators in procedures required to implement effective community-based programs. It is anticipated that over the next 2-year period we will train an additional 100 teachers and administrators.

The Secondary and Transitional Services for Handicapped Youth initiative has had, and will continue to have, a tremendous impact on improving secondary services within the State of Utah. The UCBT project is only one of several projects nationally that is improving transitional services to handicapped students. Continued authorization of this initiative is necessary to ensure that handicapped students in other States benefit from this program.

Brad Ferguson and Lois Ibrahim are here today to share with you how this program works from the perspective of a teacher and a parent.

Thank you for the opportunity to provide testimony today.

Senator WEICKER. Thank you very much, Dr. McDonnell.

You are aware, of course, that the 1987 budget request is a cut in this program. Do you think, at least in terms of your own experience, the program is sufficiently viable to increase its funding, or do you feel that indeed it has not been successful and should be cut?

Dr. McDONNELL. I would say that it has been a very successful program, and I know within the State of Utah, this particular initiative has given us opportunity to address a number of issues, not only the education of high school students, but also looking at the issues related to support of employment for handicapped adults, residential programs, and case management systems throughout the State.

So I would say that it has been a very successful program and I would hate to see it cut at this point in time.

Senator WEICKER. I think it important to point out for those that are attending the hearing that Public Law 94-142 covers 3 years of age to 21. What we were talking about earlier was extending it to birth. What we are talking about here is what happens after Public Law 94-142.

Our next witness is Brad Ferguson, a teacher in the Weber School District in Utah.

Mr. Ferguson.

Mr. FERGUSON. Thank you, Mr. Chairman.

I am a high school teacher for students with severe handicaps in Roy High School in the Weber School District. My classroom is one of the Utah community-based transition project sites in the State of Utah. There are currently six students enrolled in my class, ages 17 to 21. Each student is classified as severely multiple handicapped or severely mentally retarded.

The purpose of our program at Roy High School is twofold. First, and primarily, our goal is to prepare these students for the transition to "life after high school." The curriculum of the basic skills class, as it is referred to at Roy High School, is divided into three areas of focus: vocational preparation, personal management training, and leisure time skills. We believe that for a student with severe handicaps to have a well-rounded adult lifestyle, each of these domains must be addressed. Competence in each of these areas increases the possibility that the student will become a community participant.

As part of their vocational training, our students are currently working in janitorial, laundry, and food service sites. Each of these sites are in community businesses that allow us to come in and perform some part of a job that is currently being done by regular employees. We do not ask for our students to be paid. We only ask for feedback from the employer so that we might fine-tune the students' training. Our goal is that, upon graduation, our students will enter the job market with some employable skills.

Personal management training includes activities involving fast food restaurants, laundromats, personal grooming, banking, cooking, straightening a room, mopping, and bedmaking.

As part of their training in leisure skills, our students have participated in bowling, racquet ball, needlepoint, keeping a scrapbook, and playing board games. Our students are also enrolled in the regular physical education classes at Roy High School.

The second purpose of our program is to educate the nonhandicapped students of Roy High School about the positive nature of individuals with handicaps. The basic skills class utilizes 19 nonhandicapped peers as tutors. These tutors form an important social network with our students. A large portion of each peer tutor's grade is earned by doing an afterschool activity with one of the students. Afterschool activities have included movies, video and pizza parties, bowling, dinner out at a nice restaurant, and attending Roy High School athletic functions. These experiences have been part of one of the most positive aspects of our program thus far.

When these students enter my program, they bring with them certain skills that are the product of literally thousands of hours of work on the part of parents, teachers, and indirectly from administrators and legislators. It is the positive measures enacted by legislators and administrators that allow these students access to programs where they will gain the skills that will enable them to make a successful transition from school to life in their own local communities. Thus, each individual with severe handicaps can become community participants, not merely social dependents.

Thank you very much.

Senator **Weicker**. Thank you very much, Brad.

Lois, it is nice to have you and your son, Brett, here. I think Brett is roaming the halls or he is back here some place. I do not blame him for getting itchy. There are times when I am sitting up here that I would like to roam the halls. [Laughter].

In any event, he is welcome to join us at any time. And it is nice to have you with us.

Mrs. **Ibrahim**. Thank you. I appreciate the opportunity to be here today. It has been a long trip for Brett, and he is not a real traveler, as you can tell. But I do appreciate the time, and I know Brett, if he were able to speak with you and to talk to you and tell you how he feels, he would say the same thing.

My name is Lois Ibrahim. And, as I said, I am here with my son, Brett, who is 14. We are from Ogden, UT.

At age 1½ years, Brett was diagnosed as being severely multiple handicapped. He has autism.

Brett has been involved in various educational programs. He attended a segregated preschool for students with handicaps, a segregated elementary school for students with handicaps, a semi-institutional school, and integrated junior and senior high schools. He has learned something in each setting, and so have I.

In the preschool, I learned that he was going to be in need of special services from specially trained persons. In the segregated elementary school, I learned that he was learning very slowly, classes were large, behaviors were getting worse, he had no neighborhood friends, and he had no appropriate peer models.

In the semi-institutional setting, I found that he learned more quickly. Behaviors were brought under control, He had highly qualified and specialized teachers, but no neighborhood friends and no appropriate peer models. He was learning to live in an institution.

In the integrated junior and high school programs, I learned that Brett was finally enjoying school. He is learning functional skills, including grocery shopping, use of public transportation, money management, leisure skills, appropriate social skills, and vocational skills. Brett's vocational training right now involves cleaning horse stables. And he really enjoys that. But most important to Brett, he is learning to live in the community. Under our Constitution, he has the right to live in society, be a taxpayer, and be as independent as possible. We, as Brett's parents, want him to have the same choices and opportunities that our other children enjoy. He deserves the right.

I am not a parent living in a dream world. I do not expect Brett to attend college, I do not expect him to be an engineer, and I know he is not going to make a lot of money. But I do see him in a semi-independent living, having a productive job in society, becoming a taxpayer, and getting along in society. But it takes time and specially trained personnel.

I am a case manager at a vocational workshop in Utah in which I train very high level handicapped individuals to work in industry. I have seen how successful that kind of program is. I know also that severely handicapped individuals can be successful employees in industry. It just takes more time. I believe that each person has the need to work and there is a job somewhere for everyone.

The Utah community-based programs are helping make that a reality. The time to start is when a handicapped individual is young, not when he is 22 and out of the education system.

For 12 years, since learning of Brett's disability, I, like many other parents, have worked so hard to develop and obtain services. However, now as Brett approaches adulthood, I am becoming uneasy. I do not really see a definition of services for handicapped adults, a real continuum of services, a plan for transition to a more independent adult life.

I am an impatient person and it is hard for me to wait. But, more important, my son does not have time to wait. He does not really need to learn to live in an institution but to learn to live and work in society. I have seen the Utah community-based transition programs work and how they are working for Brett. This is our hope for the future. Life is an ongoing transition, ever changing.

Please make possible the transition from the world of education to the world of work and independence. Please give me assurances that 14 years of hard work will not go to waste. Please give him the future that is rightfully his.

Thank you.

Senator WEICKER. Thank you very much, Mrs. Ibrahim.

You yourself, as the rest of the panelists, aside from being the mother of Brett, are a professional I gather in this area?

Mrs. **Ibrahim**. Yes; I am.

Senator **Weicker**. I have already discussed the cut, some 5 percent cut in the transitional services program.

Are you also aware that insofar as personnel development is concerned, the President's 1987 budget calls for—$48 million as compared to $64 million. That is a huge cut, $64 million to $48 million.

Does this mean we have a surplus of trained professionals in this area?

Dr. **McDonnell**. If I might remark, Senator Weicker.

In the State of Utah last year, we had 35 unfilled positions for teachers of severely handicapped students. Those we are unable to get folks into the program, we are unable to have sufficient funds to be able to train people at this point in time. So I do not see that the cuts would significantly hamper our ability to provide trained personnel for this population and to be more effective in terms of doing community-based programming for students and also in terms of planning transition students from the school into the community.

So I think that would significantly hamper our efforts in this area.

Senator **Weicker**. Again here, I picked it up in Brad's discussion, what is your ratio, how many pupils do you have in your class?

Mr. **Ferguson**. We have six this current time.

Senator **Weicker**. That is usually about average, is it not, that is what you strive for.

It seems to me in my son's class there might be seven students.

Mr. **Ferguson**. We expect an increase next year and the year after.

Senator **Weicker**. Of students?

Mr. **Ferguson**. Yes.

The high school program seems to backlog at the end of the system because they keep coming in. The students stay in the high school programs until they are 22. So the students stick in the high school program longer than going through, say, a regular junior high or elementary.

Senator **Weicker**. Now, is it not true also that for the special education teacher, whatever level, that there are many duties involved aside from teaching? Indeed, you just cannot stand up at a blackboard and give a class. Someone has to go to the bathroom or somebody has some other particular need, you have to also involve yourself in that procedure with many of your students.

Am I correct on that?

Mr. **Ferguson**. Absolutely.

Senator **Weicker**. Am I correct in the fact that there have been—well, I can only speak from my personal experience.

In some of the classes, there have been teacher assistants. And in some of the recent budget cuts, those assistants are being pulled out; in fact, it leaves everything up to the teacher to go ahead and handle both the teaching and taking care of the students.

Mr. **Ferguson**. I think the funding problem has made it more difficult to provide paraprofessionals to assist in the classrooms.

Senator **Weicker**. How much time is involved, Lois, as far as you are concerned? Do you have other children?

Mrs. **Ibrahim**. Yes; but Brett is our youngest.

Senator **Weicker**. He is the youngest.

Mrs. **Ibrahim**. Which has been a real help. Yet, it is very time consuming, it is very stressful. It is very stressful on the family as a unit.

Senator **Weicker**. You feel with the proper transitional program that Brett is going to have that opportunity to be independent and to be a wage earner?

Mrs. **Ibrahim**. I feel Brett has a good opportunity to be semi-independent. I think, you know, I do not want to limit Brett. I cannot really speculate. People have tried in the past and told me institutionalize your child because he is never going to be any different. But I know in 5 years since they told me that, he has changed so dramatically, and there have been so many good things happen to Brett that there is no doubt in my mind that Brett is going to make it a semi-independent living with this kind of a program and with the proper help.

Senator **Weicker**. Well, that was the other question I was going to follow up on, in other words, are your expectations, considerably different today than they were 10 years ago?

Mrs. **Ibrahim**. Ten years ago, when—if someone were to tell me to put your child in a community-based program, I would have said, "Oh, no, he is going to be ridiculed, he is going to be pushed around. There is no opportunities for him. He is not going to make it." I would have said that 10 years ago.

But I know now that that is not reality. Reality is living in society in a community-based type program. I just know that there is hope for Brett. And this is the only way it is going to happen for him.

Senator **Weicker**. I thank you very much, all of you, for your testimony. There may be further questions for response to the record.

Again I think it is safe to say that there will be substantial adjustment between the President's budget request and congressional action.

Lois, I have got hundreds of parents like yourself who have seen this dramatic change take place, and I just wish the Americans would get the stereotype out of their mind. These are individuals that are just left in the corner, if you will, and they have no hope.

And I might add that I do not profess any special expertise. I had to be taught that lesson when I took over as chairman of the subcommittee. I would physically see persons that I would say, well, obviously they cannot do this or they cannot do that. I have been taught over my tenure as chairman that everything is possible, absolutely everything is possible. And I might add never mind the physical appearance. What goes on up here is sometimes very extraordinary, way beyond the capacity of any of us in this room, if only given the opportunity to open the door. That is what is so darn important.

If indeed there is a limitation, let that be the limitation, not of what society imposes but what the individual imposes on himself, having been given all the opportunities. Let us not make any judgments ourselves which create any barriers in terms of what these people can do.

Mrs. **Ibrahim**. That is right.

I appreciate this opportunity. Thank you.

Senator WEICKER. God bless you. Take care.

We will take a 2-minute recess, while the next panel is coming up front, the next panel is Ken Baker, the director of the New England Regional Resource Center; Dr. Hill Walker of the University of Oregon; and Paul Hazen of Johns Hopkins.

The committee will stand in recess for 3 minutes.

[Short recess].

Senator WEICKER. Our next panel of witnesses are Ken Baker, the director of the New England Regional Resource Center, Burlington, VT; Dr. Hill Walker, associate dean, University of Oregon; and Paul Hazan, director of Applied Physics Lab at Johns Hopkins University.

A very distinguished panel indeed, and I have asked my good friend and coauthor of Public Law 94-142, Senator Stafford, to introduce our first witness.

Senator STAFFORD. Thank you, Mr. Chairman.

I am particularly pleased to have the opportunity to introduce the next witness. As you said, Mr. Kenneth Baker of Trinity College in Burlington, VT. Mr. Baker is the executive director of Institute for Program Development at that college, and also the director of the New England Regional Resource Center.

Ken has held this position for 6 years. He is particularly well-qualified to direct the training, in-service and dissemination activities that the regional resource center is responsible for around the New England region. Ken was a special educator and teacher-trainer in Vermont before assuming the directorship of the center. Vermont and the other New England States have benefited tremendously from the activities and program designed by the regional resource center under Ken's leadership.

I look forward to hearing his testimony today, and I thank him for going to the trouble of coming here to appear in front of this subcommittee to help us in our deliberations.

Ken.

STATEMENTS OF KENNETH T. BAKER, DIRECTOR, NORTHEAST REGIONAL RESOURCE CENTER, BURLINGTON, VT; HILL M. WALKER, Ph.D., ASSOCIATE DEAN, DIVISION OF SPECIAL EDUCATION AND REHABILITATION, COLLEGE OF EDUCATION, UNIVERSITY OF OREGON, EUGENE, OR; AND PAUL L. HAZAN, ASSISTANT TO THE DIRECTOR FOR ADVANCED COMPUTER TECHNOLOGY, THE JOHNS HOPKINS UNIVERSITY

Mr. BAKER. Mr. Chairman, first I would like to thank the subcommittee for this important opportunity to address you regarding the reauthorization of discretionary programs of the Education of the Handicapped Act. Indeed, this is a critical time for education generally, special education specifically, and for the future opportunities of handicapped individuals to participate in and contribute to our society.

Recent developments, such as the Balanced Budget and Emergency Deficit Control Act of 1985, and the impending threats of sequestration and recision, are causing great confusion and frustration among professionals, advocates, and parents. These measures, taken singly or in combination, threaten the basic fabric of our still young, but improving service delivery system, and abrogate a critical Federal role in leadership, support, and promotion of education services to handicapped children and youth.

As a citizen of the United States and a director of a federally funded regional resource center for the education of handicapped students, I am proud of the leadership of the Congress of the United States in assuring the free appropriate education of all handicapped children and all that has meant in the way of program support, development, and improvement. We have come a long way in the 10 years since the initiation of Public Law 94-142, but we still have a long way to go. Continuing needs include the improvement of services to school-aged handicapped students, a comprehensive extension of services to handicapped students from birth to age 5, and the successful integration of handicapped youth and adults into employment opportunities through transition planning and support services.

I think the record is clear that the Federal Government, together with State and local governments, institutions of higher education, and other agencies have taken major steps through collaborative relationships which have dramatically strengthened educational opportunities for handicapped children and youth. In the past, discretionary programs have been a critical factor in fostering this collaboration and in supplying the new knowledge necessary for program development and improvement.

It is my belief and central proposition that the discretionary programs authorized by the Education of the Handicapped Act Amendments of 1983, next to the Education of All Handicapped Children's Act itself, is the most important piece of legislation ever passed on behalf of the education of handicapped children. Public Law 98-199 continued many important discretionary programs and established new initiatives such as secondary and transition services and program evaluation through cooperative agreements between the Federal Government and selected State education agencies. Individually, each discretionary program has its own mission and performs an essential support function which, in most cases, would be impossible for individual States to undertake.

Collectively, the 12 discretionary programs engage in research, model development, professional leadership training, evaluation, information gathering, dissemination, parent support, replication of successful practices and other knowledge transfer activities. The development and dissemination of processes, products, and knowledge from these programs have been the critical and best sources of information, new knowledge and trained personnel necessary for the development and improvement of local special education programs across the Nation.

It should also be noted that the outcomes of these discretionary programs contribute directly to the improvement of special education practice in local programs which are in turn supported by Public Law 94-142 State grants.

In the last 10 years, Public Law 94-142 has presented problems and huge challenges which have been systematically and successfully addressed, at least in part, by these discretionary programs. The comprehensive development of preschool programs, improvement of school-age programs, and the development of effective secondary and transition programs will require new and creative solutions. I believe that these discretionary programs and the development and dissemination infrastructure they represent is essential if we are to carry out current progress into the 1990's.

The fast approaching black cloud for these programs is the specter of across-the-board cuts during fiscal year 1986 and yet deeper cuts in subsequent years. Many of the 12 programs are small. They cannot sustain cuts and remain effective. At this stage of evolution in our special education system, we should be redoubling our efforts so I urge this committee to do all it can to keep these programs intact.

Now, I would like to focus your attention on the National Regional Resource Center System, and conclude my testimony by reviewing the performance and activities of the Northeast Regional Resource Center located at Trinity College of Vermont with associated offices located at the NETWORK in Andover, MA.

The National Regional Resource Center System is one of the 12 discretionary programs authorized by Public Law 98-199. It is a small but remarkably effective program which has been in operation for the last 15 years. Currently, there are six cooperating regional centers in the national system which provide consultation, technical assistance, and training to all State education agencies and through them to local education agencies. A few of their typical activities include:

Identifying and solving persistent problems in providing quality special education services.

Developing, identifying, and replicating successful programs and practices which improve special education services.

Gathering and disseminating information to all State education agencies.

Coordination of activities with all other regional resource centers and other relevant federally funded projects within their respective regions.

Improvement of information dissemination and training activities for professionals and parents of handicapped children.

The regional resource center system is unique in that it is the only technical assistant provider which addresses all special education program areas for all State education agencies in the United States. Additionally, each regional center also links the research, model development, and personnel development efforts of other federally funded discretionary projects with State and local education agencies within their respective regions.

The regional resource center system has been remarkably effective in the face of extreme budget fluctuations in the last 10 years. For example, in 1976, the appropriation was $10 million; in 1981 it was $7.6 million; in 1982 it was $2.88 million; it currently stands at $6.3 million. Now, in 1986 and subsequent years, it appears that the appropriation could erode very quickly and severely hamper program effectiveness. Again I request that you give this important program close scrutiny and fund it on its demonstrated merits.

In conclusion, I would like to briefly review the activities of the Northeast Regional Resource Center at Trinity College of Vermont. The center was established through a competitive contract award in 1980 and again in 1983. During the last 6-year period, the center has served the special education needs of the six New England States, New Jersey, and New York State. In the last 2-year period alone, the Northeast Regional Resource Center has completed State specific and regional needs assessments to identify persisting problems and has developed systematic programs of technical assistance, training and dissemination services to address these identified needs. Priority need areas and correlated resource center programs include:

Secondary education/transition services; parents/professional partnerships; administrative and instructional applications of computer technology; program evaluation; programs to assess and address the needs of special populations, for example, specific learning disabled, preschool youngsters, and others; procedural safeguards, including extensive mediation training for parents and professionals across the Northeast.

During the last 2-year period, direct assistance has been provided to approximately 5,000 parents and professionals, information dissemination has been extensive, most federally funded education and vocational rehabilitation projects have been involved in regional resource center activities, and each State has engaged in needs assessment processes and systematic program planning and implementation activities.

I hope I have communicated to the subcommittee, Trinity College's overall support of discretionary programs, the efficacy of regional resource centers and our need for continuing Federal leadership in the development of high quality and comprehensive special education services for handicapped individuals.

Thank you.

[Responses of Mr. Baker to questions submitted by Senator Weicker follow:]

Northeast Regional Resource Center

SERVING:

Connecticut, Maine,
Massachusetts,
New Hampshire,
New Jersey,
New York,
Rhode Island, and
Vermont

PRINCIPAL OFFICE:

Trinity College
Burlington, VT 05401
(802) 658-5036

The Northeast Regional
Resource Center is
a program of

TRINITY COLLEGE
Burlington, VT 05401
(802) 658-0337

in collaboration with

The NETWORK, Inc.
290 South Main St.
Andover, MA 01810
(617) 470-1080

March 6, 1986

Senator Lowell Weicker, Jr.
Chairman, Subcommittee on the Handicapped
c/o Lani Florian
Senate Hart Office Building
Rm. 113
Washington, D.C. 20510

Honorable Senator Weicker:

Enclosed please find my response to the questions posed by the Senate Subcommittee on the Handicapped. Thank you for the opportunity to testify regarding the reauthorization of discretionary programs. I hope the enclosed response is informative and directly addresses the questions asked by members of the Subcommittee.

Sincerely,

Kenneth Bake

Kenneth Baker
Director,
Northeast Regional Resource Center

Response to questions for **Kenneth T. Baker,**
Executive Director, Institute for Program Development
at Trinity College,
Director, Northeast Regional Resource Center.
March 6, 1986

QUESTION #1:

Can collaborative research be arranged between Regional Resource Centers and community agencies serving infant and early childhood population to reduce or prevent educational handicaps?

During the last fifteen year period, the Regional Resource Center System has proven itself to be a remarkably stable and innovative force in addressing the complex problems involved in providing quality special education and related services to handicapped students. Since the passage of P.L. 98-199, the Regional Resource Centers have expanded their focus and dedicated time and resources to two emerging and critical needs: Secondary Education/Transition Services and the provision of special education and related services to handicapped individuals birth to age five.

The research literature and currently available promising practices demonstrate the efficacy of systematic early intervention programs to prevent or reduce the negative effects of handicapping conditions on individual development and future performance. Individually and collectively, Regional Resource Centers are an existing and ideal mechanism to assist state and local agencies in planning for and providing quality programs to this infant and early childhood population.

Services and assistance which can be provided by Regional Resource Centers to agencies serving this population include:

- Cooperative problem identification and problem-solving;
- Development, identification and replication of successful programs and practices tailored to this population;

- Gathering and disseminating state-of-the-art information to those involved in program development and improvement;
- Coordination of activities with other projects funded by the Department of Education in this area;
- Training activities for professionals and parents of this preschool population.

In summary, the Regional Resource Center System is an existing and viable structure for collaborative research, development, training and dissemination efforts targeted on expanding and improving services to the handicapped early childhood population.

NOTE:

In recognition of this need, the Northeast Regional Resource Center, in cooperation with the Massachusetts State Department of Education, will be presenting a National conference addressing this need. The conference can accommodate eight hundred professionals and parents and will be held in Mansfield, Massachusetts on October 26 - 28, 1986.

QUESTION #2

Can you describe and evaluate services of the Regional Resource Centers in terms of student outcomes?

I am preceding my response with the caveat that it is always difficult for any service agency to directly link their services and interventions to identified student outcomes. This is true even for direct service providers. When a claim is made that an intervention improves learning, it has to be acknowledged that the intervention exists in a dynamic environment and entertain the possibility that other factors and forces may have contributed as much or more to the final outcome.

I would also point out that Regional Resource Centers do not directly service individual students. The primary mission of the Centers is to directly assist state educational agencies and through them, local education agencies in identifying and solving problems related to the implementation of P.L. 94-142 in a manner that results in quality special education and related services to handicapped children and youth.

In the context of the preceding limitations, I will use the Northeast Regional Resource Center as an exemplar for generally describing RRC services and evaluate those services as being logically related to student outcomes.

The Northeast Regional Resource Center directly serves eight State Departments of Education (six New England states, New York and New Jersey) and through them, local school districts which have an enrollment of approximately 722,000 handicapped students. During the preceding two-year period, the Center has provided direct consultation, training and technical assistance to over 5,000 parents and professionals and indirectly served thousands of additional individuals through information dissemination and referral.

A few examples of activities that can be linked to student outcomes include:

- Development of systems to identify, disseminate and replicate proven instructional programs and practices in all special education program areas. Two notable state examples are operational systems in Massachusetts and Connecticut, which are available to thousands of educators in those states who are interested in program improvement.
- Establishment of ongoing seminars and forums for state education agency personnel (e.g., State Directors of Special Education, Legal counsel, training coordinators, private school consultants, secondary education consultants) to share solutions to common problems and to improve practices and policies of those state agencies.
- Collaboration with the regional Rehabilitative Services Administration in Boston and New York City in the presentation of two working conferences (attended by approximately 400 parents and professionals) on the development and improvement of secondary education and transition services for handicapped youth and young adults.
- Development of Regional and state initiatives to improve parent-professional-school partnerships necessary for quality special education programs. Maine, New Jersey, Connecticut, and Vermont have developed new and innovative systems. This initiative has served hundreds of parents and parent organizations in the Northeast and has been effective in increasing parental involvement in their handicapped children's educational programs.

- Training involving approximately two thousand professionals and parents (since 1982) in due process procedures and mediation to reduce school-parent conflict and costs of litigation.
- Assistance in the development and implementation of program evaluation models to improve service delivery, instruction and student learning.
- Coordination and involvement with many federally funded projects in the Northeast and nationally, to insure the dissemination of project results and promising practices. These activities are essential to assure that Northeast educators and parents have available the latest in research findings and quality practices.
- Conferences, workshops and consultations on the introduction and use of computer technology applied to student instruction.

This brief thumbnail sketch of activities engaged in by the Northeast Regional Resource Center is but a partial picture, but I hope sufficient to establish face validity of my assertion that Regional Resource Center services are logically related to student outcomes. In addition, the services provided also are related to the quality of information and expertise available for administrative and instructional system development and improvement.

In conclusion, I believe that much remains to be done. We have critical challenges in front of us - to name but two of the most pressing, the extension of quality early intervention services and the effective transition of handicapped youth from school to productive employment. Discretionary programs authorized by P.L. 98-199 exercise a pivotal role in this improvement process. Regional Resource Centers specifically, have demonstrated their contribution to the implementation of P.L. 94-142 and the dissemination and replication of practices which improve the quality of special education and related services for all handicapped students.

Senator Weicker. Thank you very much, Ken.

Our next witness is Dr. Hill Walker, the associate dean, Division of Special Education and Rehabilitation, College of Education, University of Oregon.

Dr. Walker.

Dr. Walker. It is an honor for me to offer testimony today in support of legislation reauthorizing funding for discretionary research in special education. I welcome the opportunity to speak in support of this most important funding program.

As an active special education researcher since 1966, and as associate dean for special education at the University of Oregon, I am well acquainted with the diversity and breadth of research efforts that have been funded by this program. Our institution has been heavily involved in the discretionary research program since it was first established in the late sixties. This involvement has allowed our investigators to pursue productive research outcomes in such diverse areas as the parental monitoring of at-risk infants, the early screening and education of handicapped preschool children, the development of exemplary intervention procedures for use with behavior disordered pupils in mainstream school settings, the development of highly effective programs and services for severely handicapped adolescents and young adults that have been duplicated on both national and international levels, investigation of procedures for teaching functional skills to support the everyday living and working of handicapped persons in the community and the delivery of state-of-the-art technical assistance to school districts for improving professional school practices in educating handicapped school-age populations. The discretionary research program in special education has supported similar, equally diverse programs of research and development in other institutions around the country. Collectively, these institutions and investigators have contributed to enormous increases in the competence levels and quality of life of handicapped persons and have assisted them in becoming productive independent citizens.

My purpose today is threefold: One, to speak to the importance of this legislation in improving services to handicapped children and youth; two, to provide documentation and examples of its impact; and three, to suggest needed amendments and changes in the legislation to improve its effectiveness. I will discuss each of these topics in sequence.

Due to the great advances that have been achieved in the effectiveness of services for handicapped persons within the past two decades, society has had to radically readjust its expectations concerning what these individuals are capable of doing. In 1966, few could have envisioned the dramatic achievements of handicapped persons in coping with the demands of community living which are today fast becoming the norm rather than the exception. These advances would not have been possible without the Federal support which allows creative and dedicated researchers to devote themselves to expanding our knowledge base and to pursue unconventional solutions to complex problems.

Discretionary research support is the foundation which makes it possible to rapidly achieve improvement in services for handicapped children and youth and in the professional practices that govern their application. In the process of addressing the needs of handicapped school-age populations, the discretionary research program in special education has also identified a number of workable solutions to the complex problems that continue to plague the education of nonhandicapped pupils in public school settings. The increasing use of direct methods of instruction and intervention in regular classrooms is but one example of this positive spillover effect.

Research also serves as an important catalyst in pushing our progress toward the improvement of services to handicapped children, youth and their families or guardians. It continually expands our knowledge base, challenges customary ways of delivering existing services and provides the support that is so critical for translating research findings into improved services and processional practices. Without this continuation of support, the gap between research and improved services and practice would be nearly insurmountable.

The impact of special education discretionary research, and the legislation that supports it, can be observed in the dramatic improvement of the overall quality of life for thousands of handicapped persons who are learning, living, and working in normal community settings. It is evident in changed societal attitudes toward handicapped persons that are of a far more positive nature and that support their full integration into the mainstream of American life. Its impact may be most apparent in the complexity of the research questions and problems that it allows talented individuals to address over the long term.

For our knowledge to have a maximum impact in benefiting individuals and society at large, it must have a stable network of support and continuity over time. The level, type, and duration of Federal support of discretionary research assumes great importance in this regard. When these conditions are optimal, it is possible to achieve three very important outcomes that directly affect our research capability as a field. These are (*a*) the development of new researchers; (*b*) the continuing involvement of experienced researchers in the research and development process; and (*c*) maintenance of an institutional commitment to a continuing research capability.

I believe that the discretionary research program in special education has, on balance, been a very fine investment for our country. Its findings have been incorporated into personnel development and staff training programs on a widespread basis and have resulted in a new, sophisticated cadre of professionals who are highly skilled and very strong advocates for handicapped persons.

As impressive as these achievements of the legislation have been, I believe there are some serious issues that should be addressed in its reauthorization. The first, and perhaps most urgent issue, concerns the maintenance of a vigorous research capability in special education. The professional life of the career researchers in special education is at times difficult and unpredictable. The Office of Special Education Programs within OSERS has created a balanced program of support for differing types of research that includes large institutes, student initiated research, agency directed research, and investigator initiated research. In spite of this diverse program of funding, however, application opportunities for skilled investigators are still comparatively limited and very competitive when they do occur. On the average, only 1 out of every 10 research proposals survives the competitive peer review process and is funded. In recent years, these reduced opportunities have contributed to a shrinking pool of professionals involved in the research process. Under these conditions, potential new researchers do not see special education research as a viable or consistent career. This, in turn, reduces our ability to develop innovative solutions to existing problems. I believe that increased support for special education research to expand the number of available funding options and a program of career development awards, similar to that maintained by the National Institute of Mental Health, could be built into this legislation and would provide a partial response to this pressing issue. The long-term returns of such an investment would far exceed its cost.

Second, I think the reauthorization of this legislation could provide for the direction of greater attention to the problems of school-age pupils who have serious behavior disorders. This population is probably the most neglected of the handicapped conditions currently served by the public school system. It is estimated that approximately three-quarters of a million of these pupils currently receive no services whatever for their problems. Those children and youth who are served are primarily exposed to control, containment and punishment strategies. Parent advocacy groups do not exist for this population, as with other handicapping conditions, because schools usually view parents as the primary cause of their children's behavior disorder.

We are only just now beginning to understand the long-term consequences of this condition. They include greatly increased risk for school dropout, delinquency, low achievement, vocational and interpersonal problems, bad conduct discharges from the military, and appearance on community psychiatric registers in adulthood. The social and economic costs of this handicapping condition to society are staggering.

Antisocial behavior in school is a leading cause of school failure and one of the most powerful predictors of the later adoption of a delinquent lifestyle. It is interesting to note that approximately 60 to 70 percent of the delinquent population have learning and behavioral adjustment problems in school that qualify them as handicapped. Attention deficits and school adjustment problems often escalate into violent criminal acts in later adolescence and adulthood.

We need new, more effective methods of serving this population, including the development of effective working partnerships between schools, community service agencies, and families. New relationships need to be forged between corrections and school personnel in this regard as well.

Finally, much of our research in the last 10 years has been devoted to policy and procedures relating to the implementation of Public Law 94-142. While I am very supportive of this research, we need, I believe, a refocusing of our current research efforts on how the teaching and learning process occurs at an individual level. In particular, we need to effectively implement what we already know about schooling practices that work. I believe that this challenge calls for a new program of implementation research in which practitioners and service providers would cooperate as partners with researchers in the effective implementation of research-based programs or services. Too often, we make our findings available to consumers in forms that are not sufficiently adapted to their needs and the constraints under which they work. Consequently, much of what we know loses its power in the translation process.

We need to support school district sites that will host this type of effort and where professional consumers can come to observe proven programs in action. Experts could be available in these sites to supervise and assess the impact of necessary program adaptations and to serve as information exchangers regarding them. In this way, the linkage or bridge between what we know and what we can actually do will be greatly strengthened.

Senator **WEICKER**. Thank you very much, Dr. Walker.

Our last witness on this panel is Paul Hazan, assistant to the director for advanced computer technology at Johns Hopkins University.

And I might add I have a letter here addressed to the committee from Senator Sarbanes, who is very high on you and your colleagues at Johns Hopkins.

Mr. **HAZAN**. Thank you.

[The letter referred to follows:]

PAUL S. SARBANES
MARYLAND

United States Senate
WASHINGTON, DC 20510

February 20, 1986

HAND DELIVER

Honorable Lowell P. Weicker, Jr.
Chairman
Senate Subcommittee on the
  Handicapped
SH-113, Hart Senate Building
Washington, DC 20510

Dear Mr. Chairman:

I am pleased to take this opportunity to introduce Mr. Paul L. Hazan and his team of Johns Hopkins' computer scientists and professors of special education who, I understand, are to appear before your committee this Friday.

I met Mr. Hazan, a national figure in microcomputers and member of the Principal Staff at the University's Applied Physics Laboratory, in 1981, at the Maryland Science Center, when he was directing the nationwide Johns Hopkins Search for Personal Computer Applications to Aid the Handicapped. The originality and scope of the solutions I saw exhibited there were only exceeded by the sense of excitement and camaraderie among the exhibitors and viewers, a large percentage of whom were handicapped.

I understand that Mr. Hazan and his team, which includes as senior advisors Alexander Kossiakoff, former Director of the Applied Physics Laboratory, and Dr. Gilbert B. Schiffman, former Director of the Education Division in Baltimore, have continued their leadership role in this field, concentrating during the past three years on computer-aided instruction for intellectually-limited and learning-disabled students. The fact that much of this work was funded under an SEP contract should add to the value of their comments relative to the reauthorization of discretionary programs.

It is an honor to be able to provide this background and support to their testimony.

With best regards,

Sincerely,

Paul Sarbanes
Paul S. Sarbanes
United States Senator

PSS/bmk

Senator **Weicker**. Indeed, I might add that the excellence of your institution goes beyond the boundaries of Maryland. It is very much appreciated in Connecticut also.

Mr. **Hazan**. Thank you very much, Mr. Chairman, members of the committee.

I represent the Hopkins team here with me today including Dr. Alexander Kossiakoff, our chief scientist, Mr. William Buchanan, project engineer, Louis Bigge, and Janet Brownhouse, senior computer analysts from the Applied Physics Laboratory, as well as Drs. Gilbert Schiffman and Marion Panyan, professors of special education at the Johns Hopkins University.

I would like to thank the committee for giving us the opportunity to present our views at this hearing. I know it is getting close to lunch so I will try to be brief and to the point.

By way of summary, this testimony addresses what we believe to be an unprecedented opportunity to translate advances in technology into exceptional educational benefits for handicapped children. This, in turn, can provide the skills needed for improving job opportunities, independence, and greater personal fulfillment so aptly brought up this morning in the Lou Harris study.

However, we believe that these objectives can only be attained through the collective efforts of educators, technologists, parents, and the private sector working together toward a common goal.

Furthermore, in order to attract and retain the highly talented individuals which this type of disciplinary challenge requires, long-term financial support is necessary to provide the needed momentum, cohesion, and continuity.

Now, how and why did we arrive at these views? In 1981, to commemorate the United Nations International Year for Disabled People, the Applied Physics Laboratory of Johns Hopkins University organized a national search on the application of microcomputers to aid the handicapped.

Scores of educational, technical, government, civic, business and professional organizations, such as the IEEE Computer Society, the largest technical society in the country, for instance, together with over 8,000 individuals, professionals, amateurs, and students participated in this year-long event, which developed into a truly national movement, Mr. Chairman. Many good things resulted from the search, but in the context of this hearing, perhaps two key lessons emerged which are most relevant here:

The first is that low-cost microcomputer and associated technologies can help bridge deficiencies and enhance the abilities and strengths of handicapped individuals.

The second lesson emerging from the search was and is, in fact, that there is a dearth of effective technology based solutions in the area of education of handicapped children.

Supported by discretionary funds from the Office of Special Education and Rehabilitation Services, an interdisciplinary Hopkins team, consisting of special education experts, technologists, a large number of Maryland county school systems, advocacy groups, and parents was formed to address some of the education challenges made apparent in the national search. As an example, a multisensory authoring system for special education, which includes graphics, voice, textual and music cues, and feedbacks, was developed by this team and has already received very positive acceptance in classrooms around the country. In fact, arrangements are being made with the private sector for nationwide distribution of the Hopkins authoring system, and this successful project is but one example of what may be achieved by the focused effort of an interdisciplinary team.

In fact, few developments in the history of special education and rehabilitation have caused more change in less time, or offer more opportunities for future improvements in special education, than has the technological explosion of the past few years, Mr. Chairman, and nowhere is the need greater than in the area of education of handicapped children.

Low-cost computer technology has an especially important role to play here. Through the multisensory capabilities of microcomputer technologies and the broad range of available low-cost input devices, the potential of computer-aided instruction for a very broad spectrum of handicapped students now stands out clearly on the horizon. Clearly an idea whose time has come. The microcomputer can be programmed to be an infinitely patient, flexible and adaptive tool that teachers, parents, and rehabilitation professionals can tailor to an individual's learning style and needs.

We are also familiar with cost-effective computer-based tools, such as word processors, spreadsheets and data bases, that abound in the business environment. Comparable tools and their successful introduction into classrooms are urgently needed if technology is to fulfill its promise of enhancing special education.

Now, this is good and important. But how do we get there from here? We believe that the interdisciplinary approach to problem solving, which requires teaming of educators, schools, technologists, the private sector, and advocacy groups is essential in applying technology to the educational needs of handicapped children. This is because the solution often depends on the collective talents of highly trained specialists and organizations. Without this cohesion and vital interaction, attempts by dedicated but isolated individuals or projects often yield unsuccessful or limited results.

The second point is because talented computer technologists and systems engineers are in high demand by the industrial, military, and business sectors, there must be not only the attraction of the goal, but also the promise of continuity of support to attract the right caliber of people and maintain them on the team. This can be provided by multiyear programs to ensure that material developed is based on comprehensive and validated research in the classroom and addresses the closely interwoven educational, technical, implementation and dissemination problems.

Finally, it is essential that there be well-defined goals and guidance. In the field of education for the handicapped, leadership, guidance, and the necessary pump priming can only be provided by the Government.

In conclusion, the application of low-cost microcomputer technologies holds great promise to enhance the effectiveness of special education instruction, Mr. Chairman. Improved instruction will, in turn, significantly increase the skills of handicapped children and thereby facilitate their integration into the least restrictive school environment, the world of work, and independent living.

In order to accomplish these important and urgent objectives, increase, emphasis on the research, development, implementation, and marketing of educational tools is necessary. This can be accomplished if the Government provides the leadership and support on a sustained basis.

Thank you.

[The prepared statement of Mr. Hazan follows:]

Testimony of

PAUL L. HAZAN
Assistant to the Director
for Advanced Computer Technology

THE JOHNS HOPKINS UNIVERSITY
APPLIED PHYSICS LABORATORY

Before the

Subcommittee on the Handicapped
of the
SENATE COMMITTEE ON LABOR AND HUMAN RELATIONS

"How Advances in Technology Can Benefit the Education of Handicapped Children"

February 21, 1986

THE JOHNS HOPKINS UNIVERSITY
APPLIED PHYSICS LABORATORY
LAUREL, MARYLAND

Mr. Chairman and members of the Committee:

I have prepared a statement and would like to submit it for the record.

My name is Paul Hazan. I am Assistant to the Director for Advanced Computer Technology at The Johns Hopkins University Applied Physics Laboratory. I represent a team here with me today, which includes Dr. Alexander Kossiakoff, Chief Scientist, and William Buchanan, Project Engineer, from the Applied Physics Laboratory, and Drs. Gilbert Schiffman and Marion Panyan, Professors of Special Education at The Johns Hopkins University.

SUMMARY:

This testimony addresses what we believe to be an unprecedented opportunity to translate advances in technology into new and vital educational opportunities for handicapped children.

On the basis of our experience over the past several years, we are convinced that leadership and guidance by the government at this particular time can yield benefits to the 4.3 million children receiving special education services far beyond what has been possible in the past. We have found that truly effective results come only through the collective efforts of educators, technologists and the private sector, working toward a common goal. In order to attract and retain the highly talented individuals which this type of challenge requires, we believe that long-term financial support is a necessary ingredient to provide momentum, cohesion and continuity.

BACKGROUND:

In 1981, in commemoration of the United Nations international year for disabled people, the Applied Physics Laboratory of The Johns Hopkins University organized a NATIONAL SEARCH on the application of microcomputers to aid the handicapped.

Numerous educational, technical, government, civic, and business organizations and over 8000 professionals, amateurs, and students participated actively in the year-long event, which developed into a truly national movement. It became evident that enormous public goodwill and enthusiasm, as well as a wealth of individual creativity, are available to enhance the quality of life of handicapped people. The Search, however, also clearly revealed the difficulty of translating ideas and concepts into widespread use in the marketplace.

Two key lessons emerged from the National Search:

1. Low-cost microcomputer and associated technologies, embodied in a broad range of educational aids, can bridge deficiencies and enhance the abilities and strengths of handicapped individuals.

2. There is a dearth of effective technology-based solutions in the area of education of handicapped children.

Unlike the clearer needs related to physical handicaps, links between learning and intellectual disabilities and technical aids are inherently more difficult to understand. The National Search brought about the realization that a successful approach requires the collective effort of educators, technologists and practicing teachers, pooling their talents to devise truly effective computer-based aids to education.

Johns Hopkins was in the fortunate position of having nationally recognized programs and leadership in special education as well as a major division, the Applied Physics Laboratory, dedicated to applying advanced technology to the solution of important national problems. Supported by discretionary funds from the Office of Special Education and Rehabilitation Services, an interdisciplinary Hopkins team was formed to address some of the challenges made apparent in the National Search. The team recently completed the development of a microcomputer-based Authoring System for Special Education. This multisensory authoring tool, which includes voice, graphical, textual, and musical cues and feedbacks, can run on the existing large base of computers already available in schools. It allows teachers and parents who have no previous computer experience to readily develop and adapt lessons that meet the individual needs of students. This new tool has had very positive teacher acceptance at numerous field test and research sites across the country. It is being used in classes for students with both moderate and severe disabilities, including mental retardation, learning disabilities, language, visual, and physical impairments.

Arrangements are being made with the private sector for nationwide distribution of the Hopkins authoring system. This successful project is an example of what may be achieved by the focussed effort of an interdisciplinary team.

THE NEED AND THE PROMISE OF TECHNOLOGY:

In their report on Technology and Handicapped People, the Office of Technology Assessment states that the U.S. Government spends $36 billion a year to support the income of disabled people, but only .2% of its transfer payments for research and development technologies related to disabilities. It concludes that advanced technology offers great potential to mitigate disabilities and enhance the productivity of many handicapped people, with resulting savings far exceeding the cost of its development. Nowhere is the need greater than in the area of education of handicapped children, which holds the promise of making them more self-sufficient and productive members of society.

Few developments in the history of special education and rehabilitation have caused more change in less time, or offer more opportunities for future improvements in special education, than has the technological explosion of the past few years.

Low-cost computer technology has an especially important role to play. Through the multisensory capabilities of microcomputer technologies and the broad range of available low-cost input devices, the potential of computer-aided instruction for all handicapped students, no matter how severe the disability, stands out clearly on the horizon. The microcomputer can be programmed to be an infinitely patient, flexible, and adaptive tool that teachers, parents, and rehabilitation professionals can tailor to an individual's learning style and needs.

Cost-effective computer-based tools, such as word processors, spreadsheets and databases, abound in the business environment. Comparable tools and their successful introduction into classrooms are urgantly needed if technology is to fulfill its promise of enhancing special education.

THE NEED FOR CONTINUITY:

The interdisciplinary approach to problem solving, which requires teaming of educators, schools, technologists, the private sector, and advocacy groups, is essential in applying technology to the educational needs of handicapped children. This is because the solution often depends on the collective talents of highly trained specialists and organizations. Without cohesion and this vital interaction, attempts by dedicated but isolated individuals or projects often yield unsuccessful or limited results.

Because talented computer technologists and systems engineers are in high demand by the industrial, military, and business sectors, there must be not only the attraction of the goal, but also the promise of continuity of support to attract the right caliber of people and maintain them on the team. This can be provided by multiyear programs to insure that material developed is based on comprehensive and validated research and addresses the closely interwoven educational, technical, implementation and dissemination problems.

The required long-term support of key interdisciplinary teams is an investment in human capital. It is critical to achieving substantial and continuing progress in the application of technology for education of the handicapped.

In addition, it is essential that there be well-defined goals and guidance. In the field of education for the handicapped, leadership, guidance, and the necessary pump priming can only be provided by the Government.

CONCLUSIONS:

The application of low-cost microcomputer technologies holds great promise to enhance the effectiveness of special education instruction. Improved instruction will, in turn, significantly increase the skills of handicapped children and thereby facilitate their integration into the least restrictive school environment, the world of work, and independent living.

In order to accomplish these objectives, increased emphasis on the research, development, implementation, and marketing of educational tools is necessary. This can be accomplished if the government provides the leadership and support on a sustained basis.

Senator WEICKER. Thank you very much, Mr. Hazan.

Senator Stafford.

Senator STAFFORD. Thank you, Mr. Chairman.

I am not going to address any questions to the witnesses.

I want to express my personal appreciation to all three of them for the time and trouble that they have gone to, to be here with us today as we examine this important subject.

Mr. Hazan, I will say that probably the Senator from Vermont probably would not be walking today if it were not for the orthopedic surgeons in your institution.

Senator WEICKER. Do you gentlemen feel that you are on the technical cutting edge of the work that lies ahead? Are we going to see as much progress, assuming the fact that moneys are available for research in all its various forms?

Do you feel that whatever we have seen in the way of progress, let us say, to use Lois' statements since 1966, I guess was the marking point, what have we got ahead of us in terms of the next 20 years? Do you think we are going to see as much change, in other words, terms of the programs? Do you think there are going to be even greater opportunities to keep bringing more and more Americans that are disabled into the mainstream?

Mr. HAZAN. Definitely, Mr. Chairman. Technology in fact is accelerating. At this point, you have concepts of expert systems, artificial intelligence, video techniques, networking, and so on, that can greatly leverage and extend the reach of handicapped people and really enable them, not only to obtain much better education, but actually participate in the work force much more actively.

Dr. WALKER. I see increasing complexity in the educational process and in the transition of individuals to an active adult lifestyle.

The school age population is increasingly heterogeneous and more difficult to educate effectively rather than less so. And as handicapped individuals now move entirely through that system and prepare for adult roles, the needs increase geometrically, and I think the pressure for involvement of talented individuals will be as great or greater in the next 20 years as it has been in the past.

Mr. BAKER. I would also presume that the next 20 years has a lot to offer in terms of challenges to us certainly. I would assume that the base, the technological base, the training base, the professionals that are currently in the field and have current knowledge that is available will be, I think, applied more systematically in the future.

I think the immediate challenge upon us overall in special education service delivery system are those youngsters that have benefited from funds, Public Law 94-142 funds, through discretionary programs in terms of research and development that are currently in high school and are going to be graduating soon from high school. The challenge is going to be to find employment opportunities and appropriate community services for those youngsters to ensure that the funds that have been expend to date actually have done something and that the expectations of those youngsters and those parents are fulfilled in the next 5 to 10 years, and certainly over the next 20 years.

Senator WEICKER. I think that is a point made that whatever success we are enjoying, it obviously creates new problems in the sense that we have promised a sharing of the American dream in terms of education, of preparing those people now for the next step, and that is what we are talking about in our transition programs as to whether or not, indeed, a program is going to have to be fashioned in terms of college and beyond. In other words, we are going to find insofar as that age group between 3 and 21, what happens then? That is the job of this committee.

Gentlemen, I thank you very much, and there will be further questions for response to the record. I thank you for your testimony.

Our final witness today is Mr. William Gainer of the General Accounting Office. Mr. Gainer is here at the request of the committee to present a follow-up GAO study on the Gallaudet NTID study on postsecondary regional programs for the deaf.

Mr. Gainer, your testimony in its entirety, will be included in the record, and you proceed in such manner as you deem fit.

STATEMENT OF WILLIAM J. GAINER, ASSOCIATE DIRECTOR, HUMAN RESOURCES DIVISION, GENERAL ACCOUNTING OFFICE, ACCOMPANIED BY WILLIAM DeSARNO, ASSOCIATE DIRECTOR, HUMAN RESOURCES DIVISION; JAY EGLIN, GROUP DIRECTOR, HUMAN RESOURCES DIVISION; AND TED BOYDEN, EVALUATOR, DETROIT REGIONAL OFFICE

Mr. Gainer. Thank you, Mr. Chairman.

As you noted, we are here following up on a 1985 report and testimony on Gallaudet College NTID. Subsequent to that, you asked us to develop similar information to that we presented at that time on the regional postsecondary schools. My testimony today will focus on those schools, although we will bring you in some information from Gallaudet NTID where it gives some insight into the operation of regional postsecondary schools.

I would also like to note that we have studied the legislation that you introduced, S. 1874, and believe that it would result in filling a void in two ways, that in terms of the monitoring of these programs by the Department of Education, and a major study of the quality of deaf education which has not occurred for about 20 years.

The topics that I will deal with today and make just a few key points on are student characteristics, the costs of these schools, academic achievement and subsequent employment, and the schools' abilities to serve additional deaf students.

I think in all cases the message in looking at these statistics is diversity among the schools and differences to some extent between the national and the regional schools.

Now, the schools we looked at in this study were California State University at Northridge, Seattle Community College, Saint Paul Technical Vocational Institute, MN, and a consortium of schools in Tennessee which are located in a variety of Southern States.

During the 1984-85 school year, the regional schools served about 628 students for a small minority of the more than 90,000 in those institutions. In contrast, NTID served 1,240 deaf students and Gallaudet served 1,547 deaf students who constituted the bulk of students in those institutions.

Gallaudet and NTID, as you know, are national schools that recruit potential students from all over the country, although they do tend to have a student body tendency toward the east coast. The regional schools focus their recruiting on certain areas of the country and, with a few exceptions, primarily serve students from adjacent communities.

At Gallaudet and NTID where classes are attended for the most part by deaf students only, classes are much smaller than at the regional schools. There the students more often attend classes with hearing students, and the student ratios at the regional schools range from 13 to 1 to 23 to 1 as compared to 7 to 1 and 9 to 1 at Gallaudet and NTID respectively.

There is also a wide variety of subjects offered and degrees granted at these schools.

Saint Paul's program, which is much like a vocational high school, focuses on programs in the trades and technical areas, such as auto body repair.

The community and junior colleges, of which there are many among these schools in the consortia, offer vocational programs and academic programs to prepare students to move on to a 4-year college.

Northridge is the one school among the regional schools which is a liberal arts program and it offers its students bachelor's and master's degrees.

Gallaudet, a liberal arts college, and NTID, a technical program of business and engineering, graphics design, and many other rather sophisticated technical topics.

In terms of the students' characteristics in these schools, between 76 and 95 percent of the students at both the national and the regional schools are severely or profoundly deaf. All these schools admit deaf students with secondary disabilities, including physical, emotional, and learning disabilities.

Saint Paul had the largest percentage of first-year students with secondary disabilities at 34 percent. In contrast, Gallaudet reported 8 percent of its students with secondary disabilities.

The incoming students tend to come from mainstream environments. At NTID and Northridge, the students were more likely to come from deaf only residential schools at Gallaudet and Saint Paul. In terms of the academic achievement of the incoming students, there was a substantial variety. Reading levels of the students at the regional schools ranged from 4 to 5.8 in terms of grade equivalents, while the mathematics scores in the regional schools were somewhat higher. Gallaudet and NTID generally had substantially higher scores ranging up to the eighth grade reading and higher in mathematics.

Before discussing the costs, I should note that the comparisons we have made suffer from some limitations. First, the methods used by the schools to calculate the full-time equivalent students result in slightly different cost numbers, but the numbers are close enough to give you a good picture of how they vary from one environment to another.

We also did not check the numbers ourselves, but probed quite a bit with the schools to make sure that they represented the full cost of education here.

As computed by the various regional schools, their costs were $7,700 at the Consortium; 10,000 at Saint Paul; 12,000 at Seattle; 12,400 at Northridge, and these costs compared to 21,600 at NTID and 25,300 at Gallaudet.

As you know, the Federal share at these schools ranges substantially also from 29 percent at Northridge to 60 percent at Seattle, and over 75 percent at Gallaudet and NTID.

To refine these calculations somewhat though, we wanted to take out the unique services that are provided by the national schools and really not provided by the regional schools, such as research, public service and, generally speaking, room and board, since the regional schools serve mostly commuting students.

Attachment II to our testimony shows that when these unique services are excluded, which amounted to about 9,000 and 7,000 at Gallauet and NTID respectively, it narrows the gap between the schools somewhat and brings them much closer although still substantially higher than Northridge for example.

In terms of student achievement, deaf and hearing students at the regional schools carry about the same credit hours. The average number of years to complete does not differ substantially from hearing students. The grade point averages also are similar for both deaf and hearing students.

The percent of deaf students that left school, that is those who quit during 1984 and 1985 with graduating, also varied substantially from 23 percent at Northridge to 54 percent at Seattle Community College.

In terms of employment after graduation, which I guess is quite relevant given the Harris poll release today, there was data available at only one of the regional schools. But this showed at Saint Paul had 74 percent of its 1983-84 graduates either employed or continuing their education as compared to statistics reported by Gallaudet and NTID of roughly 84 and 90 percent.

Except for Northridge, the schools indicated that they were at or near their capacity in providing services to deaf students. Northridge said that with some time to adjust, it could accommodate an annual increase of 10 to 15 percent, or 20 to 30 students per year. Overall, the regional schools estimated that their facilities could collectively serve up to 340 more students at a cost of 1.5 million. Gallaudet noted that it could probably accommodate 100 more students without any increase in cost.

Mr. Chairman, that concludes my brief remarks. I will provide the entire statement for the report, and we will provide the report for the record which I believe you intend to release today.

[The prepared statement of Mr. Gainer and responses to questions submitted by Senator Weicker follow:]

U.S. GENERAL ACCOUNTING OFFICE
WASHINGTON, D.C.

FOR RELEASE ON DELIVERY
EXPECTED AT 9:30 AM
FRIDAY, FEBRUARY 21, 1986

STATEMENT OF
WILLIAM J. GAINER, ASSOCIATE DIRECTOR
HUMAN RESOURCES DIVISION

BEFORE THE
SUBCOMMITTEE ON THE HANDICAPPED
SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES
ON
EDUCATING DEAF STUDENTS AT
FEDERALLY ASSISTED POSTSECONDARY SCHOOLS

Mr. Chairman and Members of the Subcommittee:

We are pleased to be here today to discuss our February 1986 report on educating deaf students at federally assisted postsecondary schools. Our study was conducted at your request, as a follow-up to our March 1985 report, on Gallaudet College and the National Technical Institute for the Deaf (NTID).

As you know, our 1985 report analyzed the characteristics of students and the cost per student at the two national schools--Gallaudet and NTID. The report which we are discussing today responds to your request that we compare information on Gallaudet College and NTID to data from the four centers participating in the Regional Postsecondary Education Program for the Deaf. Our recent report analyzed available data for these schools on (1) student characteristics, (2) per student costs, (3) student academic achievement and subsequent employment, and (4) the schools' abilities to serve additional deaf students.

As requested, our testimony today will focus primarily on the schools participating in the Regional Education Program. However, I will contrast information from the regional schools with data from Gallaudet and NTID where such comparisons are helpful in providing insight as to the operation of the regional programs.

Using data from school year 1984-85, we found that

--students in all schools were similar with regard to the severity and the time of onset of hearing loss, while prior academic achievement of incoming students was generally lower at the regional schools than at Gallaudet and NTID;

--the total costs per deaf student were also considerably lower at the regional schools, however, the gap narrows somewhat when certain unique services not provided by the regional schools such as research and public service were excluded from the Gallaudet and NTID figures;

--the average number of years which students take to complete degree programs vary among the schools depending upon the type of program in which students are enrolled;

--for those schools where data was available, a large percentage of deaf graduates were either employed or continuing their education;

--the schools generally reported operating at or near their student capacity given current funding levels.

BACKGROUND

The four institutions participating in the Regional Postsecondary Education Program are

- California State University, Northridge
- Seattle Community College
- St. Paul Technical Vocational Institute in Minnesota
- University of Tennessee's Postsecondary Education Consortium and its member schools:
    - --Central Piedmont Community College in North Carolina
    - --Chattanooga State Technical Community College, in Tennessee
    - --DeKalb Community College in Georgia
    - --New River Community College in Virginia
    - --St. Petersburg Junior College in Florida

A map showing the location of all the schools is included as attachment I to our statement.

During the 1984-85 school year, the regional schools served 628 deaf students, ranging from 104 in Seattle to 204 at Northridge. As a percentage of total enrollment, the Consortium schools had the smallest percentage of deaf students (.3 percent), while St. Paul had the largest (4.5 percent). In contrast, NTID served 1,240 deaf students (95.6 percent of total enrollment) and Gallaudet College served 1,547 deaf students (78.6 percent).

The regional schools generally require a high school degree for admission, or in some cases, persons who are 18 years of age or older. St. Paul's Vocational Institute allows high school seniors to take courses.

Gallaudet and NTID are national schools that recruit potential students from all over the United States, but most of their students come from the Eastern part of the United States. The regional schools tend to focus their recruiting on certain areas of the country and primarily serve commuting students from adjacent communities. The regional schools therefore have either limited or no campus housing for deaf students. Another major distinction between the national and regional schools is that at Gallaudet and NTID where classes are attended for the most part by deaf students only, classes are much smaller than at the regional schools, where students more often attend classes with hearing students. The student/teacher ratios at the regional schools ranged from 13 to 1 at St. Paul to 23 to 1 at Seattle whereas Gallaudet's ratio is 7 to 1 and NTID's is 9 to 1.

There is a wide variety in subjects offered and degrees granted by the regional schools.

--St. Paul's program focuses on programs in the trade/vocational area, such as auto body repair, and offers diplomas and certificates--it operates much like a vocational high school.

--The community and junior colleges offer vocational career programs, such as dental hygiene, and programs in which students may later transfer to 4-year colleges. They offer associate degrees, diplomas and certificates.

--Northridge has a liberal arts program and offers bachelor's and master's degrees.

Gallaudet is a liberal arts college with such programs as communications and education, and offers associate, bachelor's and graduate degrees. NTID offers technical programs in areas such as business and engineering, and offers associate degrees as well as diplomas and certificates. The multitude of course offerings at the regional schools, in addition to the programs offered at Gallaudet and NTID, provide a wide range of students many choices in postsecondary education.

STUDENT CHARACTERISTICS

The students served by the regional programs, NTID, and Gallaudet are similar regarding the degree and onset of their hearing loss. Between 76 and 95 percent of the students at these schools are severely or profoundly deaf as measured by a hearing loss of 70 decibels or greater in the student's better ear. Between 85 and 95 percent of the students at these schools became deaf at birth or before they reached 3 years of age.

The regional schools, NTID and Gallaudet all admit students with secondary disabilities (including physical, emotional, and learning disabilities). Among the regional schools, St. Paul had the largest percentage of first year deaf students with secondary disabilities in school year 1984-85 (34 percent). The other regional schools ranged from 14 to 18 percent. In contrast, Gallaudet reported 8 percent of its first year deaf students in school year 1984-85 with secondary disabilities.

The educational training received by students before entering the regional schools, NTID, and Gallaudet was given either in a residential or mainstream environment. In school year 1984-85, the percentage of incoming students who had attended residential programs exclusively for deaf students ranged from 36 percent at NTID to 68 percent at St. Paul. St. Paul has traditionally centered its recruiting efforts at residential schools for the deaf which may account for its higher percentage of such students. On the other hand students who enroll at Northridge tend to come from mainstream programs (57 percent). At Northridge, deaf students are fully integrated into classes with hearing students and students we spoke with, as well as students who participated in a 1985 Northridge survey, said that one reason for selecting Northridge was that they wanted the challenge of competing with hearing students. At Seattle, Tennessee, and Gallaudet, the percentage of incoming students from residential schools ranged from 50 to 60 percent.

The academic achievement levels of incoming deaf students also varied among the schools. The mean reading levels of incoming students at St. Paul and four of the community colleges ranged from a 4.0 to 5.8 grade equivalent (5.8 representing grade 5, month 8). Mathematics equivalents at these schools ranged from 5.0 to 8.8. The scores at Gallaudent and NTID were generally higher.

COST DATA

Before discussing the costs at these schools I should note that care must be taken when comparing per student costs because the schools provide very different programs and services. We also did not independently verify the data provided by each school to assure its accuracy, and certain of the schools used somewhat different methods for calculating their average cost per student. For example, the schools used one of three different methods to determine "full-time equivalent students," which influences their estimate of per student costs.

School year 1984-85 per student costs to educate deaf students, as computed by the various regional schools was $7,700 at the Consortium schools; $10,000 at St. Paul; $12,100 at Seattle; and $12,400 at Northridge. This compares with per student costs of $21,600 at NTID and $25,300 at Gallaudet.

The federal share of costs at the regional schools ranged from 29 percent at Northridge to 60 percent at Seattle. Over 75 percent of the costs to educate deaf students at Gallaudet and NTID comes from federal appropriations.

In our follow-up report, we classified the school's costs to educate deaf students into two categories: (1) similar services, which are the costs that schools incur to educate deaf students on their campus, and (2) unique services, which often have significant costs but which are not offered by all the schools.

The similar services were instruction, academic support, student services, institutional support, plant operations and maintenance, and scholarships and fellowships.

By unique services we mean primarily research, public service, and room and board since the regional schools serve commuting students for the most part. These are major costs at Gallaudet and NTID which carry out research and serve as "model schools" for educating deaf students.

While the total costs per deaf student were considerably lower at the regional schools, the gap narrowed somewhat when these unique services were excluded from the Gallaudet and NTID figures. Attachment II to our statement shows this analysis.

Total federal costs per deaf student

In addition to the federal share of school program costs, the government also provides assistance in the form of grants (primarily vocational rehabilitation and Pell grants) to deaf students attending these schools. Although the schools do not control the amount of student assistance, it is part of the federal cost associated with student attendance at these schools. For students who received it, vocational rehabilitation assistance ranged from $600 at St. Paul to $2900 at Seattle and Pell grant assistance ranged from $400 at St. Paul to $1300 at Gallaudet. Thus an accurate measure of the federal cost per deaf student at these schools should include these grants. Attachment III shows a breakout of all federal costs per deaf student at these schools.

STUDENT ACHIEVEMENT AND PLACEMENT DATA

Both deaf and hearing students at the regional schools carry about the same number of credit hours. The average number of years to complete degree programs varied at the regional schools depending on the type of program, from 2 years at St. Paul to 5.4 years at Northridge. However, deaf students at Northridge took less time on average than hearing students to complete bachelor's degrees. Northridge officials attribute this to the fact that deaf students have support services available to them which allows them to carry full academic loads and to continue schooling without interruptions.

The percent of deaf students that left school during 1984-85 without graduating varied from 23 percent at Northridge to 54 percent at Seattle. Figures were not available for the Consortium schools because 1984-85 was their first year serving deaf students.

Postgraduation employment data was available from only one of the regional schools. St. Paul reported 74 percent of its 1983-84 graduates were either employed or continuing their education as compared to statistics reported by Gallaudet and NTID of 84 and 90 percent respectively.

ABILITY TO SERVE ADDITIONAL DEAF STUDENTS

To identify the extent to which more deaf students could be served by the schools, we asked school officials to determine whether they were operating at full capacity. We also asked the schools whether given additional resources, they could serve more students. Except for Northridge, the schools indicated that they were at or near capacity in providing services to deaf students. Northridge officials said that with time to adjust they could accommodate an annual growth of 10 to 15 percent.

The regional schools estimated that their facilities could collectively serve up to 340 more students at a cost of $1.5 million which would be used to hire more staff and purchase equipment. A Gallaudet official said that they could accomodate 100 more students with its current funding.

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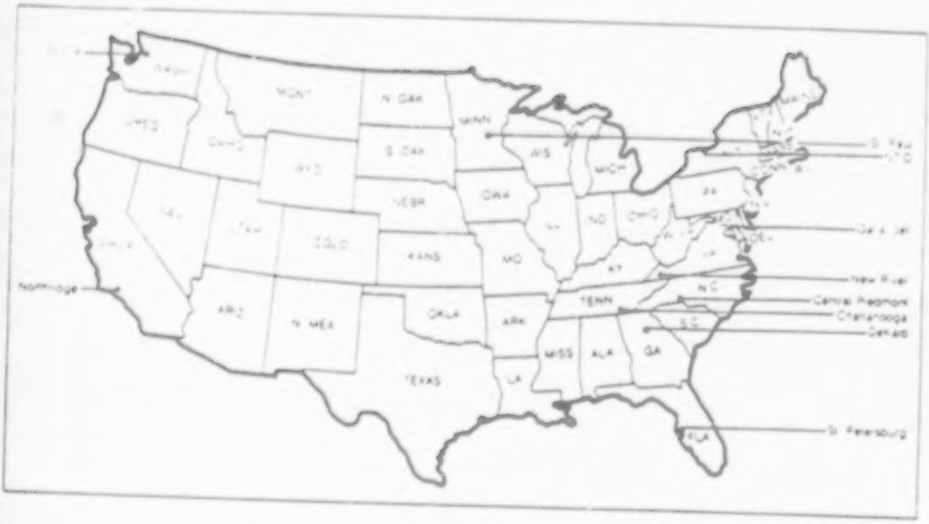
Mr. Chairman, this concludes my prepared statement. My staff and I will be happy to answer any questions you or members of the Subcommittee may have.

ATTACHMENT I ATTACHMENT I

LOCATION OF SCHOOLS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Northridge
New River
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Central Piedmont
ARIZ
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Chattanooga
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MISS
ALA
GA
TEXAS
LA
St. Petersburg
FLA

Total Per Student Cost for 1984-85

School	Similar services	Unique services	Total
Northridge	$12,415	$ 0	$12,415
Seattle	12,040	50	12,090
St. Paul	9,809	159	9,968
Consortium	7,666	0	7,666
NTID	14,674	6,939	21,613
Gallaudet	15,941	9,341	25,282

Total Federal Costs Per Deaf Student
School Year 1984-85

Institution	Federal share of school program costs	Federal share of student assistance	Total federal costs
Consortium	$ 2,487	$ 531	$ 3,018
Northridge	3,586	887	4,473
St. Paul	4,574	1,444	6,018
Seattle	7,317	1,937	9,254
NTID	18,327	1,433	19,760
Gallaudet	19,669	1,027	20,696

(EDITOR'S NOTE: Due to printing limitations, a GAO report accompanying this statement entitled, "Deaf Education," February 1986, GAO/HRD-86-64BR, was retained in the files of the committee.)

UNITED STATES GENERAL ACCOUNTING OFFICE
WASHINGTON, D.C. 20548

HUMAN RESOURCES
DIVISION

March 11, 1986

The Honorable Lowell P. Weicker
Chairman, Subcommittee on the Handicapped
Committee on Labor and Human Resources
United States Senate:

Dear Mr. Chairman:

On February 21, 1986, we testified before your subcommittee on educating deaf students at federally assisted postsecondary schools as part of the reauthorization process for the discretionary programs authorized by the EHA. Subsequent to our testimony, you requested our response, for the record, to a question concerning the employment status of former students at the schools we visited. Your specfic question and our response are presented below.

QUESTION: As compared to graduates what is the employment status of students who dropped out or never matriculated although they were accepted at NTID, Gallaudet or other post-secondary institutions?

RESPONSE: At the time we conducted our study, the schools did not have information on the employment status of students who dropped out or never matriculated. However, during August 1985, NTID provided the Internal Revenue Service with former students' social security numbers and asked the IRS to provide summary information on salaries and employment of its former students. During the first week in March 1986, NTID received the summary data from IRS and is in the process of analyzing it. NTID's preliminary analysis of this data shows the following.

Calendar Year 1982 Employment Data For NTID Students Who Graduated or Withdrew Prior to Graduation--School Years 1979-1980 and Earlier

	Percent of Students that Graduated	Percent of Students That Withdrew
Former Students Who Reported One Dollar or More of Income in 1982	81	74
Former Students Who Claimed Unemployment Compensation at Least Once During 1982	9.1	15.1

In addition, the average 1982 earnings for former NTID graduates was $15,096 compared with $10,456 for former NTID students that withdrew during the same period. These figures were based on a sample size of 1,225 former graduates and 811 former students that withdrew.

Sincerely yours,

William J. Gainer
Associate Director

Senator Weicker. That is correct.

I appreciate the follow-up report by GAO. What precipitated this was to make sure that the same quality of education for deaf students is available nationwide as is available at Gallaudet and NTID.

There is just no question of the success of the curriculum of those institutions and the quality of education given. It is also true, as you suggested, that a large part of the costs is borne by the taxpayers.

It therefore occurred to the chairman and others on the committee that we want to make sure that the outreach in this area is sufficient so that such an education is available across the United States.

Now, the regional schools, I think, do a good job, and the question arises to whether or not if we put a little more emphasis there, or at least have the efforts of Gallaudet and NTID available to these other schools, whether or not the level of educational opportunities for the deaf would be raised considerably, and make double of educational opportunity available at Gallaudet and NTID, make that available nationwide.

I thank you very much.

Mr. Gainer. Thank you very much, Mr. Chairman.

Senator Weicker. That will conclude these hearings. I think that it has become abundantly clear that the success of the Federal role is not to be disputed.

I think it is important to remind everybody that the Federal Government did not get into the business of special education because it wanted to get into the business of special education. It got into the business of special education because that was a role that neither local nor State government wanted to shoulder. And as we now know, 27 million disabled Americans are out there, and if left to the mercies of the private sector and the State and local government, they will never have the opportunity that all of us have in this great Nation. We can take, as American citizens, a great pride in what has been accomplished so far. But I think it is also incumbent upon us in light of the facts that we received here not to stop in our efforts. And no amount of philosophy or partisanship is going to substitute for our personal commitments, both in terms of our energies and our resources.

At first blush, one could say that this is expensive. On the other hand, the failure to do the job is much more expensive. I have seen family after family appear before this Committee with their children knowing two things. No. 1, their kids are going to have an opportunity in this country that never before was available to them. The fact that those children are going to be adults that not only share in a good life, but make their contribution to society.

I just do not want this generation of Americans to blow the whistle on those that have yet to cross the threshold. That is what this debate is all about. People say, well, these are not the best of times to do it. I disagree.

When the United States of America bought Alaska, everybody well remembers the price. It was some $7 million. What few people remember is the United States of America expended that $7 million when the Nation was literally bankrupt. But we paid it. Whatever we paid then we get back tenfold and hundredfold today.

Now, I will use this occasion to suggest to my friends in the administration not only will I not accept the cuts that have been proposed by the President, but I will use this year of 1986 to hopefully expand Public Law 94-142 to include at birth, at birth, from zero to 21, not 3 to 21. I will also request additional moneys for the transitional programs insofar as those youngsters coming through the school system, now preparing them for college and beyond.

That will really be the mark of quality as a nation, not to do these things when we have all the money in the world, but to do it when times are a little bit tough. To use a professional football term, that will show exactly what the character of the United States is. I have no doubt that we will measure up to the task.

[Additional material supplied for the record follows:]

TESTIMONY ON
THE SPECIAL EDUCATIONAL NEEDS OF HANDICAPPED NATIVE HAWAIIAN CHILDREN
PRESENTED TO
THE U. S. SENATE SUBCOMMITTEE ON THE HANDICAPPED

February 21, 1986

Mr. Chairman:

My name is Thomas J. D'Amore, and I present testimony regarding reauthorization of the Special Educational Discretionary Programs on behalf of the Native Hawaiian population. This testimony is based on presentations made to the Senate Appropriations Subcommittee on the Departments of Labor; Health and Human Services, Education and Related Agencies in January of 1984 and to your counterpart House Subcommittee, the Subcommittee on Select Education in November of 1985.

Major Federal assistance to persons with handicaps has come through the Education for All Handicapped Children Act of 1975 (P.L. 94-142) and subsequent Amendments to the Act. This year, as the U. S. Congress prepares once again to deliberate upon the requirements for reauthorization of this landmark legislation, the needs of Native Hawaiian children should be considered.

An overview of the educational needs of Hawaiian students (the Native Hawaiian Educational Assessment Project - NHEAP) was recently completed and presented by then Secretary of Education Terrel Bell to the United States Congress. The Final Report indicated that Native Hawaiian students suffer from an across-the-board lack of parity with their peers nationally. Specifically, the report demonstrated the following major needs:

1. Standardized Achievement Needs. Hawaiian students score below parity with national norms in reading and math, and they are well below the other ethnic groups in Hawaii.
2. Special Educational Needs. Native Hawaiians face a wide array of economic, physical, and mental health problems which affect their academic achievement.
3. Culturally-related Academic Needs. Hawaiians have increasingly become "strangers in their own land" and lost remnants of their values, lifestyles, language, and beliefs. This loss has manifested itself in depression, self-disparagement, and inferior scholastic achievement.

In terms of handicaps, the NHEAP Final Report pointed out the overepresentation of Hawaiian students in the Special Education categories, particularly the category, "Learning Disabled." Other indicators of need include handicapping conditions at birth as well as the presence of risk factors for later development. The purpose of this testimony is to update existing data on the needs of handicapped or at-risk Native Hawaiian children and to make specific recommendations about how existing legislation may be amended to enable Native Hawaiians to achieve parity with their peers nationally.

I. HAWAIIAN STUDENTS REMAIN OVERREPRESENTED IN SPECIAL EDUCATION STATISTICS

Table I shows the relevant data for three recent years in the Hawaii State Department of Education. What is important to note here is that the overrepresentation of Hawaiians has been relatively consistent over time. Table II gives the figures for each of the Special Education categories for the most recent school year. The category, "Learning Disabled" remains the one in which Hawaiian youngsters are most overrepresented. By contrast, other ethnic groups such as the Japanese are underrepresented across the board in these categories. In addition, Hawaiians are overrepresented in institutional care for the mentally retarded, accounting for 30% of the population in Waimano Home.

II. HAWAIIANS ACCOUNT FOR A DISPROPORTIONATE PERCENTAGE OF HIGH-RISK BIRTHS.

Table III shows that Hawaiian young women aged 11-19 (who account for approximately 25% of that age group) are more likely to become pregnant and to give birth than are young women of other groups. Other data from the State Department of Health confirm that Hawaiian young women are likely to seek prenatal care later in pregnancy than are other women. Over 30% of all premature births in the State are Hawaiian, and over 50% of all illegitimate premature births. Other signs of family stress abound, including disproportionately high rates of child abuse and neglect. The figures documented in the Native Hawaiian Educational Assessment Project (NHEAP) Final Report have been substantiated by subsequent data. In a December, 1984 report issued by the State Department of Health (Frequency of Reproductive Dysfunction in Hawaii by Rate and Judicial District, 1968-1982), Hawaiian mothers were found to have the highest rates of births with congenital defects (11.4 per 1,000), births under 1501 grams (11.9 per 1,000), and neonatal deaths (10.9 per 1,000).

III. HAWAIIANS REMAIN BEHIND NATIONAL NORMS AND OTHER LOCAL ETHNIC GROUPS IN ACADEMIC ACHIEVEMENT GENERALLY.

The NHEAP Final Report documented the lack of parity with national norms on standardized tests for all Hawaiian students in the Hawaii DOE. More recent data show that, while progress has been made in some areas, Hawaiians still remain well behind the other major ethnic groups and have not achieved parity with national norms. A particularly acute area of need appears to be early language development. As part of an effort in early prevention of school failure, the DOE tested all kindergarten students in Hawaii on language and visuo-motor skills. The Hawaiian students were slightly behind the other groups on visuo-motor skills, but dramatically behind in language, particularly vocabulary. On the Peabody Picture Vocabulary Test, for example, over 50% of all Hawaiian kindergarteners scored in the first three staines. The national norm is 23%. This means many Hawaiian students are starting school with a severe language decrement.

IV. HAWAIIANS REMAIN BESET BY MULTIPLE HEALTH PROBLEMS.

On most of the severe health indicators, such as various forms of cancer and heart disease, Hawaiians are the most at-risk group in the state. This is perhaps best indicated by the finding that Hawaiians' life expectancy is significantly shorter (69.9 years) than that of other ethnic groups (others average 77.3 years). Hawaiians' lung cancer rates, for example, are among the highest in the world and exceed those of all other ethnic groups in Hawaii. In a Department of Health study in 1978, Hawaiians were shown to have the worst overall comparative health of any group in the state.

Various special education discretionary programs can have a dramatic impact in meeting the needs of Native Hawaiian youngsters with handicaps, and I urge the Subcommittee's favorable consideration of the amendments attached.

TABLE 1

HAWAIIAN STUDENTS IN SPECIAL EDUCATION, 1981-1985

	81-82	83-84	84-85
TOTAL NUMBER STUDENTS, DOE	161,467	162,035	163,689
NUMBER HAWAIIAN STUDENTS	33,246	34,076	34,679
PERCENT HAWAIIAN STUDENTS	20.6	21.0	21.2
TOTAL NUMBER, SPECIAL EDUCATION	12,301	12,661	12,212
PERCENT, SPECIAL EDUCATION	7.6	7.8	7.5
NUMBER HAWAIIAN, SPECIAL EDUCATION	3,878	3,978	3,752
PERCENT HAWAIIAN, SPECIAL EDUCATION	31.5	31.4	30.7
NUMBER HAWAIIAN, SPECIFIC LEARNING DISABILITY	2,689	2,702	2,539
PERCENT HAWAIIAN, SPECIFIC LEARNING DISABILITY	36.4	35.4	35.0

TABLE 2 ETHNICITY BY HANDICAP FOR STATE

1984-85

TABLE OF ETHNIC BY HANDICAP

ETHNIC HANDICAP

FREQUENCY	MISSING	MRE	MRT	MRS	MRP	SLD	SED	PS	TOTAL
AMERICAN INDIAN	1	2	0	0	0	29	2	0	41
BLACK	27	25	5	1	0	166	10	1	299
CHINESE	5	20	8	1	3	133	8	1	270
FILIPINO	17	209	64	25	9	1074	50	5	1898
HAWAIIAN	1	23	6	2	2	310	7	1	446
PART-HAWAIIAN	52	155	56	6	11	2229	102	7	3306
JAPANESE	15	63	51	13	8	485	36	7	1042
KOREAN	2	7	6	0	1	56	1	1	119
PORTUGUESE	10	55	22	3	2	546	29	2	776
SPANISH, P. RICA	9	22	5	1	0	313	17	1	464
SAMOAN	3	58	17	3	1	370	4	1	552
WHITE	113	89	50	17	4	1171	103	13	2291
OTHER	21	39	15	4	2	355	21	3	654
INDO-CHINESE	0	8	3	0	0	22	0	0	54
TOTAL	276	775	308	76	43	7261	390	43	12212

ETHNIC HANDICAP

FREQUENCY	BL	HH	DF	OH	SI	OBL	SMH	LI	TOTAL
AMERICAN INDIAN	0	0	1	2	4	0	0	0	41
BLACK	0	4	0	6	51	0	1	5	299
CHINESE	1	2	5	18	56	0	7	2	270
FILIPINO	12	33	21	52	272	0	31	24	1998
HAWAIIAN	0	4	2	9	71	0	4	4	446
PART-HAWAIIAN	4	37	19	57	496	1	42	32	3306
JAPANESE	4	18	12	36	265	2	14	13	1042
KOREAN	1	1	2	7	25	0	5	4	119
PORTUGUESE	1	5	4	14	69	1	8	6	776
SPANISH, P. RICA	1	4	3	9	67	1	6	5	464
SAMOAN	1	9	3	12	56	0	5	4	552
WHITE	4	27	14	65	542	1	37	41	2291
OTHER	3	8	6	19	136	0	15	9	654
INDO-CHINESE	1	1	1	1	17	0	1	0	54
TOTAL	33	153	92	307	2124	6	176	149	12212

Source: Hawaii State Department of Education

TABLE 3

LIVE BIRTHS BY RACE AND AGE OF MOTHER
STATE OF HAWAII, 1983

RACE OF MOTHER		ALL AGES		AGE OF MOTHER IN YEARS										
		NUMBER	PERCENT	< 15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45-49	OVER 49	UNKNOWN
ALL RACES	NUMBER	19,090	100.0	16	566	1,435	6,187	5,882	3,478	1,168	153	7		
	PERCENT	100.0		.1	3.0	7.5	32.4	30.8	18.2	6.1	.8			
CAUCASIAN		5,942	31.1		95	365	2,047	1,900	1,126	361	48			
HAWAIIAN		152	.8		5	15	54	44	22	9	3			
PART HAWN		4,075	21.3	8	259	547	1,580	1,035	488	146	16	1		
CHINESE		731	3.8		8	17	109	269	246	75	7			
FILIPINO		3,048	16.0	3	111	239	955	927	546	220	42	5		
JAPANESE		2,542	13.3	3	28	96	409	919	851	214	21	1		
PUERTO RCN		174	.9		9	10	72	53	19	2	1			
KOREAN		412	2.2		3	13	82	169	95	43	5			
SAMOAN		518	2.7	2	16	34	215	135	76	36	4			
NEGRO		608	3.2	1	7	41	344	160	49	6				
PORTUGUESE		267	1.4		8	24	112	80	32	10	1			
VIETNAMESE		102	.5		4		19	34	31	13	1			
OTHER		514	2.7		11	24	188	155	97	31	8			
UNKNOWN		5					1	2		2				

ILLEGITIMATE LIVE BIRTHS BY RACE AND AGE OF MOTHER
STATE OF HAWAII, 1983

RACE OF MOTHER		ALL AGES		AGE OF MOTHER IN YEARS										
		NUMBER	RATIO*	< 15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45-49	OVER 49	UNKNOWN
ALL RACES	NUMBER	3,766	197.3	13	439	746	1,455	696	301	102	13	1		
	RATIO*			928.6	776.4	519.9	235.2	118.3	81.8	87.3	83.9	142.9		
CAUCASIAN		765	128.7		51	166	227	173	105	36	7			
HAWAIIAN		60	394.7		5	13	28	8	4	2				
PART HAWN		1,603	393.4	5	228	365	642	261	80	21	1			
CHINESE		58	79.3		7	10	15	16	6	3	1			
FILIPINO		551	180.8	2	78	133	203	85	38	11	1			
JAPANESE		244	96.0	3	26	52	82	46	26	8	2	1		
PUERTO RCN		53	304.6		7	9	22	13	2					
KOREAN		41	99.5		3	6	7	10	8	7				
SAMOAN		145	279.9	2	13	21	68	28	6	7				
NEGRO		70	115.1	1	4	5	41	15	3	1				
PORTUGUESE		59	221.0		6	15	27	8	2	1				
VIETNAMESE		22	215.7		4		3	5	3	3				
OTHER		94	182.9		9	15	29	20	18	2	1			
UNKNOWN		1	200.0				1							

* NUMBER OF ILLEGITIMATE BIRTHS PER 1000 LIVE BIRTHS IN SPECIFIED GROUP.

Source: State of Hawaii Department of Health

AMERICAN REHABILITATION COUNSELING ASSOCIATION
Division of American Association for Counseling and Development
5999 Stevenson Avenue
Alexandria, Virginia 22304

Statement for the Record

Regarding

Reauthorization of Discretionary Grants

Education of All Handicapped Children Act

American Rehabilitation Counseling Association (ARCA)

The American Rehabilitation Counseling Association, (ARCA),has a primary mission of helping the profession of rehabilitation counseling to better serve persons with disabilities. In keeping with that mission, ARCA advocates for services and programs which enhance the potential and options available for persons with disabilities. Special Education is just such a service. It can best be viewed as an investment in human potential. Through educational programs designed to tap students' abilities and help them to compensate for weaknesses, special education enables many students with disabilities to prepare for meaningful roles in our society.

ARCA applauds the great strides that continue to be made since the implementation of the landmark legislation, PL 94-142 and its successor, PL 98-199. The major focus of ARCA's recommendations at this time is the area of **school to work transition** for students with disabilities. The 1983 amendments and this administration's efforts have resulted in significant improvements in transitional services. A substantial problem still exists and will not be remedied without direct action at the federal level. Time will only further complicate an already confused situation. Following is a statement of the issue, some background information and ARCA's recommendation.

Issue

Conflicting federal regulations and outdated state certification laws and regulations prevent most school districts from exercising the option to hire trained rehabilitation counselors to facilitate the transition from school to work for students with disabilities.

Background

The following background information will be presented as a series of frequently asked questions and their answers.

1) Briefly, what is the profession of rehabilitation counseling?

   Rehabilitation counseling is a **counseling** profession which helps individuals with disabilities to adjust to their environments and helps environments to accommodate to individual needs. The profession works toward optimal interaction between the individual and the environment. The profession's foundation belief is in the right of all individuals, including those with disabilities, to access all of society's opportunities and benefits. A primary focus is on the right to meaningful employment in settings which afford integration with nondisabled coworkers.

2) What skills does a rehabilitation counselor normally possess?

   The dual focus of the profession requires a dual compliment of skills. The professional must first possess the full compliment of counseling skills. In addition, the rehabilitation counselor must acquire additional knowledge and skills in areas including medical, psychosocial, and sociological aspects of disability, potential technological adaptation, career development, environmental assessment, job analysis, job restructuring, and various other areas.

3) What level of educational preparation is involved?

Education preparation for rehabilitation counseling is acquired through a 48 credit hour masters degree from an accredited program. Rehabilitation counselor education programs are accredited by the Council on Rehabilitation Education (CORE).

4) Is any federal funding involved in the training of rehabilitation counselors?

Since 1954, Rehabilitation Education programs have received federal funding from the Rehabilitation Services Administration,(RSA), or its predecessors. RSA is a branch of the Office of Special Education and Rehabilitative Services,(OSERS). Many rehabilitation Counselor Education Programs are even housed in University departments of education. Yet, as Special Education has expanded into Transition services, little progress has been made in resolving the barriers which prevent the skills of Rehabilitation Counselor Education graduates from being used directly in this area. In fact federal dollars are being used to duplicate some of these competencies in other professions (eg Special Education personell preparation grants in Transitional Services).

5)In what settings do rehabilitation counselors currently practice?

Their work settings include: hospitals, state vocational rehabilitation agencies, insurance companies, independent living programs, developmental disability agencies, schools, community mental health agencies, supported employment programs, rehabilitation facilities, private rehabilitation companies, and a variety of other settings.

6)Doesn't the state federal Vocational Rehabilitation system provide rehabilitation counselors to serve students in transition?

Yes and no. Some states have school units as part of regular vocational rehabilitation services. Others do not at this time. Also, students with disabilities sometimes may not receive such services until just before their completion of school. Some students may be considered not eligible for services from the state Vocational Rehabilitation agency.

American Rehabilitation Counseling Association (ARCA)

7) What is the major impediment which school systems face in hiring rehabilitation counselors?

In most states, there are strict certification requirements for individuals providing services within the educational system. In many cases, these requirements were developed long before transitional services became part of special education or before students with disabilities had the right to a free and appropriate public education. In most states, **only** guidance counselors ,social workers, school psychologists, and special education teachers are recognized in as qualified to provide counseling and supportive transition services in the schools.

8) Don't these or other professions already practicing in the schools possess the skills to do rehabilitation counseling?

While there may be some overlap with some of the counseling professions, trained rehabilitation counselors have many unique skills which are very applicable to quality transitional services. Some of these skills were mentioned in response 2 on the previous page.

9) What are some of the possible roles of the school rehabilitation counselor in transitional services?

The roles and duties will likely vary according to the needs and resources of the school system. A small sample is listed below:

-Job placement, job analysis and job modification.
-Consultation with special and vocational education. teachers on the vocational implications of disability.
-Coordination of school, family and community efforts in transition planning.
-Work adjustment counseling.
-Coordination of job support services (eg. job coaches transportation, attendants) during transition phase.
-Referral to adult services agencies.
-Specialized career planning and linkage with post-secondary programs.
-Development and impementation of Individualized Transition Plan which bridges Individualized Education Programs,(IEPs),and Individual Written Rehabilitation Plans, (IWRPs).

10) Wouldn't the cost be prohibitive for states to develop certification regulations for rehabilitation counseling?

No. The profession already has in place 2 national credentialling bodies, the Commission for Rehabilitation Counselor Certification and The National Board for Counselor Certification.

American Rehabilitation Counseling Association (ARCA)

11) Does ARCA feel that rehabilitation counselors are the only qualified providers of transitional services and that school districts should be required to hire rehabilitation counselors?

No. It is ARCA's position that the breadth of skills involved in the profession, as described above, place graduate trained rehabilitation counselors among those most qualified to provide transition services to students with disabilities. ARCA is simply asking that schools be given the option to hire trained rehabilitation counselors rather than categorically denied that choice.

Recommendations

Either a federal initiative or a modification of federal regulations is needed in order to enable individual school districts to exercise their option to hire rehabilitation counselors. States cannot be expected to individually change a situation which resulted from the interaction of federal law and regulation with already existing state regulations.

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STATEMENT OF

THE COUNCIL FOR EXCEPTIONAL CHILDREN

to

THE SUBCOMMITTEE ON THE HANDICAPPED

of

THE UNITED STATES SENATE

with respect to

RE-AUTHORIZATION OF THE EDUCATION OF THE HANDICAPPED ACT

March 7, 1986

Submitted by:
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Mr. Chairman and Members of the Subcommittee:

The Council for Exceptional Children is pleased to submit for the record, our views on matters pertaining to the reauthorization of the Education of the Handicapped Act (EHA). The Council for Exceptional Children is the international association of special education professionals and others concerned about the education of handicapped and gifted and talented children and youth.

The members of the Council for Exceptional Children (CEC) are well aware of the difficult economic and political times in which we live, because these realities daily affect their ability to deliver quality education to our nations most vulnerable children. The history of special education is one of being hostage to swings in political sentiment and economic pressures. With the leadership and support of the United States Congress over the past decade we have been able to significantly improve educational opportunities for many of our nation's handicapped children and youth. But so much more needs to be done if we are to accomplish the mission of developing the potential of these children and youth to the fullest.

There are those who suggest that in this period of economic constraint and political uncertainty we should focus only on defending and maintaining what has already been achieved. The special educators of this nation cannot accept that constraint. The needs of handicapped children are so great and varied, and they are so vulnerable, that we are compelled to seek solutions that address their needs in a fiscal and politically reasonable manner.

In 1983 we testified before the Subcommittee and suggested a number of significant improvements to the Education of the Handicapped Act to meet current and emerging needs. The product of the Subcommittee's work, the Education of the Handicapped Act Amendments of 1983, P.L.98-199, was a major step forward in meeting those needs. Our statement today, is based on two premises. First, that there still exists a population, pre-school handicapped children, who critically need developmental services, for whom national policy does not assure the provision of such services. Second, that assuring handicapped children and youth access to an appropriate education and fair procedures in educational decision making does not in itself provide such children with quality education. While P.L.98-199 set a direction toward quality, much more needs to be undertaken and accomplished.

Our statement, therefore, focuses on three critical issues, early childhood education, personnel preparation and recruitment, and technology application.

Early Childhood

Mr. Chairman, we know of your continuing advocacy respecting the need for early intervention services for very young handicapped children and children at risk of being handicapped. CEC is deeply grateful for your continuing pursuit of that mission and we hope to assist you in its achievement.

CEC has come before panels of the Congress to argue the case for early intervention for at least the last twenty years. In the opinion of the Council that case is irrefutable. For example, the Department of Education's Seventh Annual Report to Congress on the Implementation of The Education of the Handicapped Act cites numerous studies showing the benefits of early intervention. That report places special emphasis on the often dramatic savings in potential future costs when early childhood services are provided.

In point of fact, the research indicates that early intervention for handicapped children and children at risk of being handicapped appears to:

1. Enhance intelligence in some children.
2. Produce substantial gains in motor development, language, emotional stability, cognitive abilities and self-help skills.
3. Prevent the development of secondary handicapping conditions.
4. Reduce family stress.
5. Increase family income potential.
6. Reduce societal dependency and institutionalization.
7. Reduce by up to 50 percent the need for special class placement at school age.
8. Be cost beneficial by as much as 236 percent.

It is clear that early childhood services for handicapped infants and young children are essential for the children, their families, our schools and our society.

Mr. Chairman, we wish to express our complete support of the substance of the written statement for the record submitted to you by the Division for Early Childhood (DEC) of The Council for Exceptional Children and the National Committee for Young Children with Special Needs and Their Families (INTERACT) (See Attachment #1). They have offered in their testimony the essential parameters which provide the framework for legislation aimed at achieving comprehensive services for very young handicapped children ages birth through five.

CEC would like now to offer a proposal for consideration by you and your colleagues which focuses on a blueprint and timetable for implementing federal early childhood provisions.

Proposal - That the Congress of the United States establish a two-part goal to achieve comprehensive services for handicapped children ages birth through five years.

1. A goal that by 1990 as many states as possible commit themselves to the full provision of special education and related services for all handicapped children ages three through five, and to the provision of appropriate support services for their parents.
2. A goal that by 1990 as many states as possible commit themselves to a timetable to achieve the provision of appropriate early childhood services for handicapped children and children at risk ages birth through two, along with appropriate services for their parents.

How could this be done? - Achievement of this dual goal could be accomplished through further refinement of the planning, development, and implementation grant program (Sec. 623(b)(2)) authorized by the Education of the Handicapped Act Amendments of 1983.

This program was authorized to assist the states in achieving a comprehensive delivery system for the provision of special education and related services to handicapped children from birth through five years of age. All of the states are participating under this program and most of the states are in the planning grant phase. This program allows for planning grants for a maximum of two years; development grants for a maximum of three years; and implementation grants for a maximum of three years.

In 1990 the vast majority of the states will have completed the development grant phase of this eight year cycle. Included in the achievement of the development phase is a statutory requirement for "gaining approval of this plan from the State Board of Education, the Commissioner of Education, or other designated official of the appropriate State agency" (P.L.98-199, Section 623(b)(2)(B)). Further, the accompanying regulations (Section 309.51(b)(2)(iii)) stipulate that each state grantee must undertake activities to "establish and maintain standards, including regulations, legislation, and policy, for making available services to handicapped children from birth through five years" (Federal Register, July 11, 1984).

This is the appropriate and logical juncture in which to call upon each state to commit itself to the two-part goal cited previously. It should be noted at this point that there has been a long evolution of the federal participation which brings us to this moment of final commitment in the early childhood area. We, respectfully, refer the Subcommittee to the enclosed chronological chart (See Attachment #2).

- The Congress initiated a stimulus role in 1968, with enactment of P.L.90-538, the Handicapped Children's Early Education Assistance Act (the HCEEP). The primary purpose of this highly successful program has been to support outreach projects, technical assistance, and demonstrations.
- Seven years later, the Congress inaugurated a mandate, in P.L. 94-142, guaranteeing special education and related services to handicapped children ages three through five, but with a very large caveat, namely, "unless inconsistent with state law or practice, or the order of any court" (Section 612(2)(B)). At the same time the Congress authorized a new form of fiscal support to all the states in the form of the Preschool Incentive Grant (Sec. 619 of the EHA), in which funds are distributed to

the states based upon their relative count of handicapped children served ages three through five.

- Nine years after P.L.94-142, the Congress inaugurated the planning, development, and implementation program just discussed through enactment of P.L.98-199.

The states would now be called upon to take the final step in necessary services for handicapped children ages birth through five, and to take that final step after 22 years of an ever expanding federal support role in the early childhood area. In an important sense, the states would be asked to take the final step in the ages three through five mandate already inaugurated by P.L.94-142 by removing any inconsistency between P.L.94-142 and state policy. Likewise, states would be asked to adhere to the obvious objective underlining P.L.98-199, namely the achievement of a comprehensive delivery system for handicapped children ages birth through five years.

What incentives for the states? - The Council will work with the chairman and the other members of this distinguished panel to achieve the necessary appropriations to assist in implementing comprehensive services to very young handicapped children and children at risk. At the same time, permit us to offer some thoughts respecting what can be done with existing authorities.

1. Every state which agrees to the two-part goal could be eligible to receive an implementation grant of up to three years as authorized by P.L.98-199. Those states which opt not to "implement," would, appropriately, not be eligible.
2. Every state agreeing to the two-part goal could receive special assistance in order to achieve and maintain appropriate linkage and coordination with both the national HCEEP

programs of outreach, technical assistance and demonstration, and other local, state, regional, and national resources. States must be encouraged to utilize available resources wherever they may exist. This would not necessarily require a new authority.

3. Since at least the late 1970's continuing discussion has occurred among policy makers respecting the most appropriate uses of the P.L.89-313 program, i.e., the program of supplemental educational support to handicapped children in state operated and supported facilities. There are indications that early childhood education for handicapped children is already receiving significant support through P.L.89-313 funds. Any state which agrees to the two-part goal could be allowed to use a-portion of its P.L.89-313 allocation as a further support resource in meeting the two-part goal.
4. Every state which agrees to the two-part goal could be eligible to continue to receive its allocation under the Preschool Incentive Grant program. Those states which opt not to "implement," would lose this annual allocation.

The funds that would have gone under (1) and (4) to the states that have decided not to implement would be reallocated and distributed among the states that do agree to implement the two-part goal.

Coordination of federal programs - Other federal programs beyond those authorized by the EHA are involved in varying degrees in developmental and support programs for handicapped and at risk children ages birth through five and their families. Examples of these programs include the Maternal and Child Health, Headstart and the Developmental Disabilities program. The Congress should authorize a blue ribbon commission to investigate the participation and potential participation of these and other federal programs in supporting the two-part goal to which the states would commit themselves. Based upon the findings of the commission, the Congress and the Executive Branch would take appropriate action to insure the coordinated participation of these programs in contributing to each state's comprehensive delivery plan. The commission might be required to report its findings and recommendations by a specified date in 1988.

Personnel Preparation

Mr. Chairman, the revisions to the Part D personnel preparation program (Sections 631 and 632) enacted by the Congress in 1983 provided a firm foundation for addressing the special education personnel preparation problems facing the nation. We concur with the testimony of Dr. Philip J. Burke before the Subcommittee concerning the critical importance of Part D in meeting national, regional, and state personnel needs as well as improving programs of preparation (See Attachment #3). We also share Dr. Burke's concern that there be an appropriate allocation of funds among the varying training areas (i.e. special educators, leadership personnel and special projects) under the Part D authority.

We would also propose that some consideration be given to improving the grant process with respect to that portion of the program preparing needed personnel. The federal role should be to assist personnel preparation programs to respond to training needs, appropriate standards as well as improve the quality of their programs. In this regard, we must recognize that federal grants do not by themselves provide for preparing personnel. The grant process, thus, should focus on the support or improvement of personnel preparation programs or assisting in the development of a new program. We would suggest that consideration be given to a grant process which emphasizes:

1. The nature and scope of the training institution's existing personnel preparation program including the history of the program, information on the employment records of graduates, and evidence of accreditation by state and professionally recognized accrediting bodies.
2. The personnel needs addressed by the program including appropriate state (e.g. Comprehensive System of Personnel Development, etc.), regional and national data.
3. The reason(s) federal funds are needed, how these funds would be utilized and the expected period of time that federal assistance would be needed.

Recruitment and Information

This authority (Section 633) essentially supports two national clearinghouses: a clearinghouse on the education of the handicapped and a clearinghouse on postsecondary education for handicapped individuals. Encouraging "students and professional personnel to seek and obtain careers and employment in the various fields relating to the education of handicapped children and youth" is one of three objectives at the National Clearinghouse on the Education of the Handicapped. The implementing regulations (Section 320.10(1)(2)) basically mirror the statute in this regard, and provide examples of how this objective could be met (i.e., develop and distribute innovative recruiting materials, publicize existing quality training programs, publicize forms of financial aid).

Based upon the information we have received from the clearinghouse on the education of the handicapped (i.e. National Information Center for Handicapped Children and Youth) it does not appear that recruitment "to complement the activities under Part D in addressing the recognized shortages of qualified personnel in the field of special education" (Senate Report No. 98-191, p. 24) is being addressed as intended by the Congress. At the same time the field has or will be in the not too distant future confronted with the need to (1) identify and respond to critical shortages of personnel that vary according to type of personnel, geographic area (e.g. state, regional, national), and community (rural, urban); (2) address situations where some areas (e.g. state, rural, urban) and school systems experience higher rates of temporary and emergency certification as well as higher percentages of unqualified personnel; (3) clarify and, where appropriate, improve state certification requirements and; (4) compete with other professions in attracting and retaining the highest caliber of individual to the field.

To meet these challenges we propose that consideration be given to amending Section 633 to authorize a center or clearinghouse for encouraging careers and employment in special education and related career areas. The center or clearinghouse should coordinate activities such as the following with those carried out under other Part D authorities:

(1) Collection and dissemination of information on state, regional, and national (including rural and urban) special education and related services personnel needs.

(2) Development and dissemination of information on careers in special education and related career fields.

(3) Development and dissemination of information on preservice training programs that meet state and professionally recognized standards.

(4) Referral of professionals to state, intermediate, local educational agencies as well as other agencies in need of qualified special education and related services personnel.

(5) Technical assistance to institutions seeking to meet state and professionally recognized standards.

Educational Technology, Media, and Materials for the Handicapped

Special education has always been at the forefront of education in seeking to apply new media, materials and technology to the education of handicapped children and youth; however, the explosion of new technologies, particularly the microcomputer, has opened opportunities never before envisioned and presented problems in ensuring their appropriate and effective application. In 1983 it was estimated that there were 25,000 microcomputers being utilized in special education. Only two years later, the number had grown to 150,000. However, availability of technology, media and materials is of little value if the end products are not appropriate to the unique needs of the students, are not integrated into the curriculum and if teachers do not have the skills to effectively utilize them.

In 1983 The Council for Exceptional Children established a task force composed of special educators and technology developers and producers to study the technology needs of the field. The Task Force found that there were the following needs:

1. Better understanding of the special education teaching environment so that development can be focused on the realities of that environment.

2. Since special education is a limited market, better coordination between consumers and developers and producers.
3. Better information and training focused on the application of new media, materials and technology, and
4. Better coordination among professional organizations, technology producers and consumers.

The federal government has played a long and significant role in the development and dissemination of information regarding media, materials educational technology in special education, and we applaud the Department of Education's efforts in this regard. Section 653 of Part F of the EHA has been the legislative cornerstone of this effort. It is our belief that this section should be re-written to more adequately reflect the current program directions that need to be taken and to better reflect the present capacity of the field. We would, therefore, recommend that Section 653(a) of the Act be amended in a manner similar to the following example:

Educational Technology, Media, and Materials for the Handicapped

> Section 653(a) The Secretary is authorized to make grants or enter into contracts or cooperative agreements with institutions of higher education, state and local educational agencies, or other appropriate nonprofit agencies for the purpose of advancing the utilization of new technology, media, and materials in the education of handicapped students.
>
> In carrying out the purpose of this section the Secretary may fund projects or centers for the purposes of:
>
> 1. determining how technology, media, and materials are being utilized in the education of the handicapped and how they can be utilized more effectively;
> 2. designing and adapting new technology, media, and materials to improve the education of handicapped students;
> 3. assisting the public and private sectors in the development and marketing of new technology, media, and materials for the education of the handicapped; and

4. disseminating information on the availability and utilization of new technology, media, and materials for the education of the handicapped.

Additional Issues

Mr. Chairman, there are several other issues that we would also like to bring to the attention of the Subcommittee at this time.

Behaviorally Disordered Terminology - In 1983 The Council for Exceptional Children and the Council on Children with Behavioral Disorders (CCBD) proposed that the term "seriously emotionally disturbed" under the definition of handicapped children be changed to "behaviorally disordered". At the time, Congress was unable to resolve this issue, and ordered (Section 17, P.L.98-199) the U.S. Department of Education to conduct a special study of the issue and to offer recommendations to the Congress. The report, "Special Study on Terminology-Comprehensive Review and Evaluation Report", has since been submitted to the Congress. While the report concludes there is no compelling reason to change the current federal terminology or definition, it also states that "the reasons for not making such changes are also not compelling". In view of other study findings (e.g. that a change in terminology alone would have no major impact on (1) the number, type or severity of children served, (2) program settings, or (3) personnel; that there is a trend away from the strictly psychodynamic orientation; and that the term "behaviorally disordered" is less stigmatizing) we believe further exploration of this issue is needed and warranted. We are attaching an anlaysis and response to the report from CCBD (and we respectfully request that it be included in the record)(See Attachment #4).

Authorized Activities - While Parts C through F of the Education of the Handicapped Act are discretionary, the Congress has carefully constructed the intent, purpose and activities of each authority. In administering these programs, we are concerned that the Department of Education in some instances has used funds from varying sections of the Act to support activities not specifically authorized or diverted funds from one authority to support greater funding under another authority. Although we recognize there may be extraordinary circumstances where this may need to occur, it is our belief that the practice may be reaching a level where the integrity of some sections of the Act is threatened. We, therefore, suggest that the Subcommittee re-examine the broad authority provided the Secretary of Education under Section 624 to constrain this practice.

Priority Setting and Selection - We believe it was the intent of Congress that, in establishing priorities for expenditures under any EHA authority, the Department should seek and consider the broadest possible input. As the following examples illustrate, this is not occurring in a manner that encourages such input:

- In establishing program priorities the Department, through the Federal Register, invites input on its proposed priorities. After considering any submitted comments, the final priorities are then published in the same publication. In many instances, it seems that every conceivable area is included in this list of priorities, resulting in little disagreement about the importance and need to include these as priorities. The Department then, however, selects from this list of broad priorities, those areas that will actually receive fiscal support for a given fiscal year. The field, thus, has no meaningful input in most instances into the actual selection of priorities to receive funding.

- Likewise, it would appear the Department is only interested in satisfying the minimal requirements of the Education Department General Administrative Regulations (EDGAR) when publishing certain proposed priorities. In some instances the Department will publish a proposed priority for funding accompanied by a notice inviting applications on the same priority. This practice seems to have become more common in recent years and has deterred individuals and organizations from participating in the public comment process because of the perception that the decision has already been made and the Department is "only going through the motions." Such a practice is detrimental to the program and results in a cynical attitude toward the agency.

For these reasons we believe that further guidance to the Department is needed with respect to priority setting and selection.

The Council for Exceptional Children appreciates the opportunity to provide its views to the Subcommittee. We are ready to work with you on these and other matters that will improve the education of handicapped children and youth.

Attachment #1

STATEMENT OF THE DIVISION FOR EARLY CHILDHOOD OF THE

COUNCIL FOR EXCEPTIONAL CHILDREN AND

INTERACT - THE NATIONAL COMMITTEE FOR YOUNG CHILDREN WITH SPECIAL NEEDS AND THEIR FAMILIES

TO

THE SUBCOMMITTEE FOR THE HANDICAPPED OF THE U.S. SENATE

WITH RESPECT TO

LEGISLATION MANDATING EARLY INTERVENTION WITH
YOUNG CHILDREN AND THEIR FAMILIES

March, 1986

For more information contact:

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Our organizations are pleased to have this opportunity to provide information and recommendations relating to the development of legislation to mandate early intervention for young children and their families. The Division for Early Childhood (DEC) is a division of the Council for Exceptional Children (CEC), the major national organization representing nearly 50,000 professionals who work with exceptional students of all ages. DEC has over 4,000 members and is dedicated to the education of all young exceptional children and infants, and the involvement of their parents in these services. Interact is a national organization of nearly 1,000 early intervention advocates and professionals who are concerned about quality and comprehensive services for infants with special needs and their families. We are writing to offer recommendations on the *substantive* issues that we feel are the minimum requirements to meet the unique needs of very young handicapped children and their families, as well as to offer our support of the CEC position statement that offers a "blue print" for implementing federal early childhood provisions.

Studies have shown that handicapped infants and children, and those at risk of developing handicaps who receive early intervention, show significant improvement in development and learning, along with a decrease in need for costly special education programs, compared with peers who do not receive intervention.

The four primary reasons for intervening early with an exceptional child are to enhance the child's development, to provide support and assistance to the family, to enhance the child's and the family's benefit to society, and to avoid some or all of the costly difficulties that can accrue for both the child and family when intervention is delayed.

Early intervention legislation will expand efforts which presently exist in many states and are in the planning phase in others. This paper discusses ideas for new legislative initiatives, as well as the Education of the Handicapped Act (EHA) as it pertains to young children. Special emphasis is given to the unique legislative needs of the birth to three population. Recommendations related to the three through five year old population are offered only where adjustments to current law (P.L. 94-142) are needed to meet the needs of this age group. We believe, however, that the rights and protections under P.L. 94-142 such as the right to due process, least restrictive environment, and individualized programs, should be extended to all handicapped children, birth through five years of age.

CHILDREN UNDER THREE YEARS OF AGE

Intervention with children under three presents issues which need special consideration in the development of legislation. These issues are: 1) definition of the child to be served; 2) family focus; 3) comprehensive services; 4) interagency coordination; 5) continuum of services; and, 6) personnel and their training. Definitions and recommendations for actions pertaining to each of these issues follows.

Definition of the Child to be Served

Three groups of young children benefit from early intervention services; those who are handicapped or developmentally delayed; those who are medically or biologically-at-risk of becoming handicapped; and those who are environmentally at-risk of becoming handicapped.

Handicapped or developmentally delayed young children may have congenital disorders, sensory impairment, neurological dysfunctions, or significant delays in one or more of the major areas of functioning (cognitive, language, social/emotional, and gross and fine motor development). *Medically or biologically at-risk young children* include those for whom early health factors are known to be a potential threat to their development. The most numerous of these are babies who are significantly premature, those who are small for gestational age, and those born to chemically-dependent mothers. *Young children who are environmentally at-risk* include children whose post natal physical or social environment pose a potential threat to their development. These children include those who are abused or neglected, those whose parents are mentally ill, developmentally disabled, or who for other reasons, may not be able to care adequately for their children without assistance.

The current categorical definitions in EHA, e.g., mentally retarded, learning disabled, etc., are often not appropriate for this age group, as this is a period of such rapid development and change, and because the characteristics upon which the categorical definitions were developed were based upon school aged children.

Recommendation

Classification or eligibility of children under the age of three years needs to either designate the three described groups mentioned above and/or a non-categorical classification, such as "eligible for early intervention services."

Family Focus

A family focussed intervention recognizes the important role the family plays in the development of the young child and the diverse needs of a family with a handicapped or high-risk young child. Early intervention legislation should allow flexible programs to meet those needs. The related needs of the family should be included in a child's individualized service program where appropriate.

The family is the primary environment for children under three years of age. Consequently, optimal life outcomes for children are most likely to occur when the family is able to provide a supportive and nurturing environment. Parents and professionals need to function in a collaborative fashion. Such collaboration serves to support the child while helping the family as a whole cope with daily stress in an adaptive way.

Recommendation

The needs of the family should be recognized and included as part of the child's individualized service program.

Comprehensive Services

Comprehensive services are the range of interventions which may be necessary for the birth to three year old child and family. These services cut across disciplines and agencies. They include identification, screening, diagnostic evaluation and assessment, medical and health management, developmental or educational services, supportive services for family members, specific therapies and related services. All children and families do not need all services.

Recommendation

Those services related to the child's handicap should be the responsibility of the early intervention program. Other supportive services should be available and coordinated with appropriate community agencies. The services required to meet the unique developmental needs of the child and family should be contained in an individualized service program.

Interagency Coordination

Interagency coordination exists when there is a system of multi-agency planning and provision of services. This approach makes maximum use of community resources and reduces duplication of services. While an interagency approach should require the designation of a single agency as responsible for administering the early intervention program, it also requires that planners address the process of coordination of services and resources among state agencies. This concept is equally appropriate for federal programs, statewide service delivery systems, local service delivery systems, or for helping a specific family at the community level.

Recommendation

In meeting it's responsibilities under the act, each state needs to designate the lead agency to coordinate the planning, implementation and funding of services. This agency needs to insure inter-agency coordination at the state and community level.

Continuum of Services

A continuum of services provides a broad range of service options in the least restrictive environment appropriate for each child. These services may range from residential placement to a single consultation. They include, but are not limited to, hospital based, center based, home based or some combination therein, day care, Head Start, mainstreamed nursery programs, related services and therapies, and family counseling and education.

No single system of service delivery is appropriate to all agencies or to all children and families. A wide variety of theoretical bases and service models have demonstrated their effectiveness.

Recommendation

States should offer a sufficient variety of services within the community so that services are responsive to the needs of individual children and their families.

Personnel and Their Training

Both preservice and inservice training efforts are needed to adequately prepare and maintain qualified personnel for early intervention programs. Early intervention programs require personnel who are trained in various specific disciplines and in early intervention practices. The need for training cuts across all levels of personnel; from volunteers and paraprofessionals, to the professional staff. Professional personnel may include physicians, nurses, occupational and physical therapists, educators, psychologists, social workers, speech and language pathologists, and administrators.

Early childhood professionals constitute one of the largest areas of need in personnel development. Not only is there a shortage of personnel, but many individuals who are currently working with young children are not trained to meet their unique developmental needs or those of their family.

Recommendation

Each state should set standards, address issues of licensure and certification, and make provision for pre- and inservice training. Federal programs should be continued, and in some respects, enhanced, which support the training of early intervention personnel and which provide technical assistance in a variety of models of services. The current Handicapped Children's Early Education Program (HCEEP) Outreach program is an important example of such technical assistance resources for states and communities. States should be encouraged and supported in the development of a state level training and technical assistance office to match local program needs with resources at the federal, regional, state and local levels.

CHILDREN THREE THROUGH FIVE YEARS OF AGE

Present legislation (P.L. 94-142) provides a structure for educating handicapped children ages three through five that is similar to that used for school aged children. This structure includes critically important elements such as due process, Individualized Educational Programs, and least restrictive environment. However, to meet the unique needs of the three through five year old population, a minimum of two adjustments to current provisions are needed: 1) the family focus described earlier is recommended; and, additionally 2) to avoid premature diagnostic categorization of this population as well, a noncategorical classification such as "preschool handicapped" should be allowed under federal law.

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THE ARGUMENT FOR EARLY INTERVENTION

What is Early Intervention?

Early intervention means discovering that a child between birth and school age has or is at risk of having a handicapping condition or other special need that may affect his or her development and then providing services to lessen the effects of the condition. Early intervention can be remedial or preventive in nature—remediating existing developmental problems or preventing their occurrance. Early intervention may begin at any time between birth and school age; however, there are many reasons to begin as early as possible.

Why Intervene Early?

There are three primary reasons for intervening early with an exceptional child—to enhance the child's development, to provide support and assistance to the family, and to maximize the child's and family's benefit to society.

Child development research has established that the rate of human learning and development is most rapid in the preschool years. Timing of intervention becomes particularly important when a child runs the risk of missing an opportunity to learn during a state of maximum readiness. If the most "teachable moments" or readiness stages are not taken advantage of, a child may have difficulty learning a particular skill at a later time.

Early intervention services have a significant impact as well for the parents and siblings of an exceptional infant or young child. The family of a young exceptional child often feels disappointment, social isolation, added economic stress, frustration, and helplessness. The compounded stress of the presence of an exceptional child may affect the families' well-being and interfere with the child's development. Families of handicapped children are found to experience increased instances of divorce and suicide, and a handicapped child is more likely to be abused than is a nonhandicapped child. Early intervention for parents results in improved attitudes about themselves and their child, improved information and skills for teaching their child, and more time for both work and leisure. Parents of gifted preschoolers also need early services so that they may better provide the supportive and nourishing environment needed by the child.

A third reason for intervening early is that society will reap maximum benefits. The child's increased developmental and educational gains and decreased dependence upon social institutions, as well as the family's increased ability to cope with the presence of an exceptional child and, perhaps increased ability for employment, provide economic as well as social benefits.

Is Early Intervention Really Effective?

After nearly 50 years of research there is still a great deal to learn. Efforts to document effectiveness have been hindered by experimental design problems associated with low-incidence handicapping conditions, the diversity of children's problems and the limited scope of available assessment instruments. However, even with these problems, there is evidence—both quantitative (data-based) and qualitative (reports of parents, teachers)—that early intervention increases the developmental/educational gains for the child, improves the functioning of the family, and reaps long term benefits to society. Early intervention for handicapped or disadvantaged children has been shown to result in the child's needing fewer special education and other habilitative services later in life, being retained in grade less often, and in some cases, actually being indistinguishable from nonhandicapped classmates years after intervention.

Disadvantaged and gifted preschool-aged children benefit from early intervention as well. Longitudinal data on disadvantaged children who had participated in the Ypsilanti Perry Preschool Project showed that they had made significant gains by age 15 (Schweinhart & Weikart, 1980). These children were more commited to schooling and were doing better in school than children who did not attend preschool. They scored higher on reading, arithmetic, and language achievement tests at all grade levels; showed a 50% reduction in the need for special education services through the end of high school; and showed less anti-social or delinquent behavior outside of school. Karnes (1983) asserts that underachievement in the gifted child may be prevented by early identification and appropriate programming.

Is Early Intervention Cost Effective?

The available data emphasize the *long term* cost effectiveness of early intervention. The highly specialized, comprehensive services necessary to produce the desired developmental gains are often, on a *short term* basis, more costly than traditional school-aged service delivery models. However, there are significant examples of long-term cost savings that result from such early intervention programs.

- A longitudinal study of children who had participated in the Perry Preschool Project (Schweinhart & Weikart, 1980) found that when schools invest about $3,000 for one year of preschool education for a child, they immediately begin to recover their investment through savings in special education services. Benefits included $668 from the mother's released time while the child attended preschool; $3,353 saved by the public schools because children with preschool education had fewer years in special education and were retained for fewer years in grades; and $10,798 in projected life-time earnings for the child.
- Wood (1981) calculated the total cumulative costs to age 18 of special education services to a child beginning intervention at: (a) birth, (b) age two, (c) age 6, and (d) at age 6 with no eventual movement to regular education. She found that the total costs were actually less if begun at birth! Total cost of special services begun at birth was $37,273 and total cost if begun at age 6 was between $46,816 and $53,340. The cost is less the earlier the intervention because of the remediation and prevention of developmental problems which would have required special services later in life.
- A three year follow-up in Tennessee showed that for every dollar spent on early treatment, $7.00 in savings were realized within 36 months. This savings resulted from deferral of special class placement and institutionalization for

severe behavior disordered children (Snider, Sullivan, & Manning, 1974)

- A recent evaluation of Colorado's statewide early intervention services reports a cost savings of $4.00 for every $1.00 spent within a three-year period (McNulty, Smith, & Soper, 1983)

Are There Critical Factors That Affect the Success of Early Intervention Programs?

While there have been too few attempts to determine critical features of early intervention programs, there are three recurrent factors present in most effective programs. These include the age of the child at the time of intervention, parent involvement, and the intensity and/or the amount of structure of the program model.

1. Many studies report that the earlier the intervention the more effective. With intervention at birth, or as soon after the diagnosis of a disability as possible, the developmental gains are greatest and the likelihood of developing problems later is reduced. (Garland et al., 1981)
2. The involvement of parents in their child's treatment is also important. The data show that parents of both handicapped and gifted preschool children need the support and skills necessary to cope with their child's special needs. (Beckman-Bell, 1981)
3. Highly structured programs appear to be the most successful (White, 1984). That is, maximum benefits are reported in programs that clearly specify and frequently monitor the child's and family's behavioral objectives, precisely identify teacher behaviors and activities that are to be used in each lesson, utilize task analysis procedures, and regularly use child assessment and progress data to modify instruction. In addition to structure, the intensity of the services, particularly for severely disordered children, can significantly affect outcomes (Lovaas, 1982). Finally, individualizing instruction and services to specifically meet the childs' needs also increases a program's effectiveness.

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Attachment #2

Education of Handicapped Children Ages Birth Through Five
Past and Proposed Evolution in the Federal/State Partnership

1968	1975	1984	1989	1990
Seed & Catalytic Support	Limited Mandate & Fiscal Support	Full Service Planning	Decision to Implement	Full Mandate
P.L. 90-538 Handicapped Childrens' Early Education Assistance Act. (Inaugurated HCEEP programs)	P.L. 94-142 (1) Mandated special education and related services ages three through five except when inconsistent with state law or practice. (2) Inaugurated Preschool Incentive Grant Program	P.L. 98-199 Beginning of 5 year planning and development period toward achievement of comprehensive delivery system ages birth through five.	*States make decision to seek or not seek 3 year implementation grant authorized under P.L. 98-199	(1) Special education and related services plus the other protections of P.L. 94-142 guaranteed to handicapped children ages three through five in all states that elected to enter implementation grant cycle. (2) States that elected to enter implementation grant cycle set a goal for services ages birth to three and commit themselves to a timetable. (3) Federal government commits itself to a coordinated utilization of federal resources beyond EHA to assist states in meeting commitments contained in (1) and (2).

*(1) States which decide to implement comprehensive delivery system:
- receive implementation grant
- receive special assistance for resource linkage
- can use portion of P.L. 89-313 grant for early childhood services
- maintain preschool incentive grant

(2) States which decide not to implement comprehensive delivery system:
- do not receive implementation grant
- do not receive special demonstration and outreach support
- must abide by original uses of P.L. 89-313
- lose preschool incentive grant

United States Senate
Committee on Labor and Human Resources
Sub Committee on the Handicapped

Attachment #3

February 4, 1986

Testimony presented by: Philip J. Burke, Ph.D.
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Director, Institute for the Study of
Exceptional Children and Youth,
University of Maryland

Senator Weicker, Members of the Sub Committee on the Handicapped, I appreciate the opportunity to testify at this Hearing to consider the reauthorization of the Education of the Handicapped Act discretionary programs.

I wish to commend Senator Weicker for his inspiring and courageous leadership of this important Committee. It has been possible to look to your leadership and the fine work of this Committee for a consistent voice in support of excellence, efficiency and compassion on the part of all who serve the handicapped children and youth of this Nation.

The Education of the Handicapped Act must be reauthorized if we are to continue and expand the progress we have made over the past decade. The major discretionary programs of this Act provide a critical balance of training, research, dissemination and demonstration that are necessary companions for achieving the excellence in services desired for all handicapped children and youth. Now that access is being achieved it is necessary to continue working at the improvement of the quality of those services now being provided. This is accomplished under the auspices of the discretionary programs in this Act.

Nothing is more critical to the education of handicapped children than the presence in the classroom of competent and dedicated teachers and specialists. Access to services is meaningful only under these circumstances. The availability of competent teachers and specialists is achieved through a complex interaction of research, experimentation with improved methods of preparation, and leadership exercised by Institutions of Higher Education and State Departments of Education. Competent teachers and specialists are produced by competent instructors and supervisors. Teachers must be supported by a network of competent leadership personnel in Colleges and Universities, State Departments of Education and in the Schools

Nothing has been more central to facilitating the availability of competent personnel at all levels than Part D of the Education of the Handicapped Act. The need for the reauthorization of Part D is based upon well documented shortages of critical personnel at all levels and the great need to improve programs of preparation for those personnel.

This Nation faces a critical shortage of special education teachers and other specialists. The shortages are National in scope and well documented by reports and studies published in the past two years. The Condition of Education, a 1985 report by the National Center for Education Statistics studied 30 fields of teaching in our Nation's public and private elementary and secondary schools. Three of the six fields cited as having the largest shortages were in special education. In a recent survey of all fifty states conducted by the University of Maryland, personnel were asked to characterize the supply of personnel being prepared in their states (Noel, Smith-Davis, and Burke, in press). In all but four states, the study found that the current supply of new graduates is not sufficient to meet the demand. A 1984 report by the Rand Corporation characterized the shortage of qualified teachers as serious, with the number of new entrants insufficient to meet the coming demand for teachers.

These critical shortages come at a time when major efforts are being made to improve the overall quality of teacher training programs and the candidates they graduate. The number of extended programs with internships is expanding rapidly; the use of tests prior to entrance into the profession are becoming widespread; and other measures are being tried to improve the overall quality of instruction offered in our schools. These measures impact the overall length of training programs and the capacity to produce teachers is declining. To illustrate my point, in my own state of Maryland, just in the past two years several provisions designed to improve the quality of candidates entering the teaching profession have been passed. All teachers will be required to take and pass the National Teachers Exam as of next year. All teachers entering the professional sequence of their training must have a grade point average of 2.5 and all must pass a literacy test. In addition to these measures the special education faculty at Maryland implemented a new preservice program that extends the preservice training period to five years. This was done after a great deal of study and the determination that teachers needed a greater number of clinical and practical experiences before becoming certified. To accomplish these improvements without additional resources, it was necessary to cut the special education enrollment at the undergraduate level from 644 undergraduate majors in 1978 to no more than 250 currently, with the number of graduates falling from 179 to 87 in this same period. Efforts to improve the quality of teachers and specialists frequently come at the expense of supply unless additional resources are available. The support available under Part D [Section 631. (a)(1)(A)] has been critical to both the supply and essential program support to accomplish needed improvements in programs and its continuation is clearly justified.

Equally as critical as the supply issue is the need to improve the overall quality of pre and inservice preparation programs. Through experimental programs it is possible to explore and implement new procedures for the overall improvement of instruction. Critical to this effort is the Special Projects section of Part D [Section 631. (b)]. Support in this area is more critical than ever with the need to respond to the legimitate demands for the improvement in the quality of teachers and their programs of training in colleges and universities. Also needed are improved methods and programs for offering inservice education for regular and special educators.

Historically Part D began as a program for the preparation of a strong leadership cadre in special education. That purpose continues today in that portion of the law designed to train personnel for careers in special education supervision and administration, research, and teacher training [Section 631. (a)(1)(C,D,E)]. The need for support at the leadership development level is even more critical today. With the need to expand and improve efforts to prepare competent teachers, to explore improved ways of educating handicapped children through the application of research findings, and to provide more deliberate and competent leadership, support for programs in leadership are needed now more than ever. The program support and fellowships and assistantships available to graduate students under this section of the law are critical to the success of these efforts. The quest for excellence in providing the quality services we all desire for handicapped children and youth are tied directly to an active and viable program of support for the training of future master teachers, researchers, supervisors, administrators and teacher trainers. Though it is less well defined than the teacher shortage, it now appears that there is an expanding shortage of doctoral level graduates in several important areas. For example, at my own university it was necessary recently to readvertise and extend three searches for full time state budgeted positions for special education faculty because of a lack of qualified applicants. Also, one of these positions was carried forward from last year as the result of an unsuccessful search. As services expand in the early childhood and transitional services fields, these shortages will grow and become even more critical.

In the field of special education and speech and hearing most doctoral students are required to have extensive field experiences as a necessary prerequisite for entrance into doctoral training. As a result the doctoral student in these fields is typically older and frequently has a family and dependents at the appropriate time for doctoral study. With the average doctoral program requiring at least three years of equivalent full time study, fellowship and student support available under Part D is absolutely critical. To succeed in the preparation of the future generation of teacher educators, researchers and other leadership personnel, it will be necessary to support a strong and continuing investment in the programs in which they are prepared.

Though the overall authorizations and appropriations for Part D have been commensurate with the critical importance of its mission, the wide discretion allowed in the disbursement of that appropriation has resulted in allocations to priorities that, in my judgement, are inconsistent with the needs. This has occurred principally in three areas, the preparation of special educators, leadership personnel and special projects. Despite a widespread data base and numerous studies that have shown the critical shortage of special education teachers and other specialists, and despite increased appropriations in Part D from 49.3 million in 1983 to 61 million in 1985, the actual amount allocated for new awards for the preparation of special educators decreased form 11.1 million in 1983 to 8 million in 1985. It is difficult to reconcile this direction with the overwhelming evidence of widespread shortages of critical personnel. In 1985 the Secretary proposed the elimination of new leadership and special projects awards. Eventually, with the enactment of the appropriations bill specifically requiring that new projects be awarded, eight out of 150 new applications in the special projects competition were awarded. Given the public and professional demand for new directions in teacher education, and the repeated demands for reforms issued in the many reports from foundations, study commissions, and the professions themselves, it is difficult to reconcile the allocation of only 1.5 percent of the total appropration in personnel preparation to the award of new projects designed to investigate improvements in the training and preparation of teachers. In the leadership area only 12 new awards for a total of 1.5 percent of the total appropriation were made in 1985. The investment in leadership preparation necessary for the achievement of excellence in all programs for the handicapped is essentially ignored with this level of award.

It is my firm belief that the needs in the field of personnel preparation provide overwhelming evidence that Part D is a critical element of the discretionary programs in the Education of the Handicapped Act and should be reauthorized. When reviewing specific elements of the law consideration should be given to:

+Designating specific minimum authorization levels for sub elements of the major categories, especially in the preparation areas of special educators [Section 631.(a)(1)(A)], leadership [Section 631. (a)(1)(C)(D)(E)], and special projects [Section 631.(b)].

+Revitalize the Special Project section to emphasize the critical importance of attempting improved approaches in personnel preparation, including both pre and inservice models.

+The critical role and mission of leadership preparation in Part D should be emphasized.

Attachment #4

RESPONSE* TO THE SPECIAL STUDY ON TERMINOLOGY, COMPREHENSIVE REVIEW AND EVALUATION REPORT

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*A response by the Executive Committee of the Council for Children with Behavioral Disorders.

Response to the Special Study on Terminology, Comprehensive Review and Evaluation Report

Introduction

The Council for Children with Behavioral Disorders, in a position paper titled "Statement to Support Replacing the Term Seriously Emotionally Disturbed with the Term Behaviorally Disordered as a Descriptor for Children and Youth who are Handicapped by Their Behavior" has taken the position that the term behaviorally disordered is a more appropriate designation than is seriously emotionally disturbed for those children and youth served under Public Law 94-142 as a result of their handicapping behavior. The position developed in that paper is predicated upon the following rationale:

1. The term behaviorally disordered has greater utility for education than does the term seriously emotionally disturbed.
2. The term behaviorally disordered is not associated exclusively with any particular theory of causation and therefore with any particular set of intervention techniques.
3. The term behavioral disorders affords a more comprehensive assessment of the population.
4. The term behaviorally disordered is less stigmatizing than the term seriously emotionally disturbed.
5. The term behaviorally disordered is more representative of the students who are handicapped by their behavior and currently served under Public Law 94-142.
6. The professional judgment of the field, generally, appears to be moving in the direction of the term behaviorally disordered.
7. Very importantly, it is clear that the change in terminology is representative of a focus on the educational responsibility delineated in the statute and is descriptive of the population currently served.

8. There is no evidence to suggest that a change to the term behaviorally disordered will result in an increase in the identification of students handicapped by their behavior solely as a result of the change in terminology.
9. Continued use of the term seriously emotionally disturbed because it is more stigmatizing and therefore assumed to limit identification is untenable. The number of students identified as handicapped by their behavior can and should be determined by assessment, definition and eligibility criteria, not by pergorative labels.

General Response to the Special Study on Terminology

Since the adoption of that statement, the Congress mandated and received a special study to explore the issue of terminology used in relation to children and youth who are handicapped by their behavior. The terminology related explanation was to include:

- how the population of children currently served under such Act as "seriously emotionally disturbed" may be changed (particularly in terms of the severity of disability) if the term "behaviorally disordered" is substituted for the term "seriously emotionally disturbed;"
- how a change in terminology will impact on the identification, assessment, types of special education and related services provided, and the availability of such services, if the change in terminology is made;
- how the settings in which special eudcation and related services are provided may change if the change in terminology is made;
- how the change in terminology may affect the attitudes of, and the relationships among parents, professionals, and children and youth;
- how the change in terminology will impact upon the training of professional personnel providing services under such Act.

Essentially, the report conveys that there is no evidence that a terminology change would result in a change in the number, type or severity of the population served nor in the environments or persons serving the population. These findings are then interpreted to represent no compelling reason for or against a terminology change. The Council would maintain that such "no change" findings are, in fact, a reason to pursue a new terminology. As the Council has maintained (see rationale #5), one of the advantages to the use of the term behaviorally disordered is that it is more descriptive of the currently served population. The Council finds the "no change" results to be in clear support of the accuracy of our original perception.

This fact coupled with the study's findings that the term behaviorally disordered is less stigmatizing and that the field is moving away from the strictly psychodynamic orientation connoted by the term seriously emotionally disturbed combine to call into question the ultimate "no compelling reason" stance. (Note: the report negates the value of the reduced stigma and the fields' movement; those items will be discussed separately in the next section).

There is some dismay that a report of such length added very little to the discussion on terminology that was not already available to the field via previous reports and publications. There is value, however, in the fact that, with all its volume, not one of the originally expressed concerns was validated--that the term behavioral disorders would result in identifying more children or different children and change the service delivery environments or providers. Although the narrative often appears to merely "seesaw" back and forth between opinions, if one rectifies the pervasive error of the study which is to continually compare, as having equivalent value, what states using the term seriously emotionally disturbed predicted would happen with what had actually occurred in states that had changed terminology, we find a clear indication that no factual support exists for the above metnioned concerns. This general concern will be addressed in more detail in the following section.

Finally, there is one clear point of contention between the Council's rationale and the Department of Education's recommendation based on this study.

> "...we believe that making this change would serve to distract members of the educational community from focusing on the work set out for them by the Education of the Handicapped Act--to advance and improve the availability and quality of services to seriously emotionally disturbed students."

Whatever other benefits might accrue from a terminology change, the primary one is that the change, contrary to being distracting to the educational community, would express a focus on and faith in the educational community to meet the needs of children and youth handicapped by their behavior.

Specific Response to the Special Study on Terminology

While the reader acquires some feeling for the study, at it is presented, showing "no compelling" evidence for or against the terminology change, the overall methods and assumptions of the study creates more of an equivocal tone than might need exist. Some of the more glaring examples of this concern are discussed below. These are presented, not in an effort to "pick" at the study, but rather to show how procedural/conceptual errors can create an inaccurate and/or equivocal picture of the information.

1. As previously mentioned, the study has a pervasive error which is to continually compare, as equal in nature, what states using the term severely emotionally disturbed predicted would happen with what had actually occurred in states that had changed to the term behaviorally disordered. In our opinion this is not narrative of equal weight to be balanced out. Proven occurrence is far-more persuasive than speculation and should be reflected as such in the study.

2. There is a tendency at several points to equate educational with behavioral. This is a wholly inaccurate characterization and reflects some confused thinking on the part of SRA staff and/or study participants. Behavioral is a particular philosophical perspective. Educational is free of specific philosophical perspective--free to choose from whatever interventions are most useful. In one particularly disconcerting example of this confusion, the Council is said to favor the term behavioral disorder as more educationally relevant (which it does) because "the logic underlying their position is that behavior is learned, is therefore, teachable, and thus falls within the primary mission of the schools" (which we don't). Many members of CCBD do hold such an opinion; others do not. In either event the educational relevance of the term is not tied to theoretical perspective.
3. In several instances, states using the term behaviorally disordered and experiencing growth qualify that the growth is not result of the label. Despite stating that fact, SRA never summarizes that fact--just the growth. Since that is an integral issue, it is clearly a misleading omission.
4. It also occurs that the study sometimes equates the term emotional disturbance with "more severe". Also inaccurate! Severity is most often independent of the type of behavioral handicap.
5. A suggestion that the change might somehow affect states' autonomy is curious. Since many states use the term behaviorally disordered despite the federal use of seriously emotionally disturbed, it is unlikely that the federal use of behavioral disordered will prohibit states from using severely emotionally disturbed. The variation in state identification will continue so long as states use different

definitions eligibility criteria and assessment personnel. That's not necessarily a problem. Thus, why such a change should be directly responsible for much "non-productive short-term activity" in states using the federal term is unclear.

6. There is repeated suggestion that any change will require much re-adaptation. As study participants themselves pointed out, a change in definition or eligibility criteria carries major implications -- not terminiology in isolation.
7. On several occasions the study mentions that there is movement away from psychodynamic orientation. It then trivializes (p. 118) the professional judgment of an entire field by suggesting that such trends do not reveal "truth" or won't prevail across time.

Conclusion

The reader is generally left with the impression that concerns for any "inconvenience" caused by a terminology change outweighs the "little benefit" that might accrue.

With due respect to Dr. Ira Lourie, Director of the National Institute of Mental Health's Children and Adolescent Services Special Programs, who may have been paraphrased out of context, the study indicates that Dr. Lourie feels "that a change in terminology would have no long-term positive or negative effects but would cause him substantial inconvenience." While it is unclear to the Council why the personal inconvenience of a person not involved in the identification and service delivery of behaviorally disordered students in the schools is of particular import, it is clear that the "not worth the trouble" attitude permeates the preparation of this report. We find that unfortunate. Despite all our efforts since the advent of P.L. 94-142, the most conservative of hopes for children handicapped by their behavior have not been realized. Any trouble is worth it if there is gain to the children and youth handicapped by their behavior.

We would maintain that the inconvenience to one psychiatrist, a few states, or the Department of Education is not the issue here. The issue is how best to bring a full range of assessment and intervention techniques to the behaviorally disordered in the least stigmatizing and most educationally relevant way. With that as criteria, the only response must be that the terminology change to behaviorally disordered would be a small step in the right direction; and major efforts all begin with small steps.

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DEAF-BLIND SERVICES
WRITTEN TESTIMONY
SUBMITTED
TO THE
UNITED STATES SENATE SUBCOMMITTEE ON THE HANDICAPPED
REGARDING
THE
REAUTHORIZATION OF THE EDUCATION OF THE HANDICAPPED ACT
TITLE VI, PART C
CENTERS AND SERVICES FOR DEAF-BLIND CHILDREN

FEBRUARY 21, 1986

SUBMITTED BY:

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History

In the mid-1960's, the Rubella epidemic in the United States resulted in the birth of over 20,000 handicapped children, many of whom had multiple sensory deficits. In 1969, the Congress of the United States passed legislation which created Centers and Services for Deaf-Blind Children, under Public Law 91-230 (Title VI; Part C). During the next decade, Regional Centers for the deaf-blind grew and expanded, resulting in the identification of over 5,000 deaf-blind children nationwide. Using federal funds as incentive and as "seed" monies, direct services were established in every State in the Nation. Over this same period of time, the Federal funding level increased to a maximum of $16 million, and this level has remained somewhat stable for the past six (6) years.

Up until the passage of Public Law 94-142, the Federal funding effort primarily provided basic direct services to the deaf-blind population nationwide, and technical assistance and inservice training to program staff and students' families. Since the advent of P.L. 94-142, basic services have been largely provided by States and local educational authorities. During this transition period Title VI-C funds have continued to provide supplementary direct services to the identified deaf-blind population in this country. Such needed services have included: the improving of instructional ratios above State mandatory education requirements; the hiring of consultants for programs who have specific skill contributions, such as vision training, language specialists, mobility training, and clinical therapies; the provision of respite care services; the expansion of vocational training; and the implementation of creative transitional services for the "aging out" population as they prepare for adulthood.

In the past two years, the United States Department of Education has placed a much greater emphasis on the use of these funds for, A) direct service to non-mandated age groups, who are not covered by their States' mandatory special education laws, and B) offering technical assistance to States to develop comprehensive services for the deaf-blind population within each State. These priorities appear to be in keeping with the Congressional reauthorization of two years ago, P.L. 98-199. Under this reauthorization, it also is clear that direct service to the school-aged deaf-blind population is allowable, but that the first two priorities must first be addressed in each State or Region.

For this next Fiscal program year, the United States Department of Education/Special Education Programs is stipulating that no funds allocated to single State or Multi-State Centers may be used for direct service to the "school-age" deaf-blind population in each State, and that all funds must be used for priorities A and B, as specified above. In other words, the direct services which were allowed permissively by P.L. 98-199 are being regarded as superfluous, and are therefore being disallowed by Special Education Programs. (See Appendix A, Informal Letter).

This brief synopsis does not do complete justice to the complex evolution of a small, discreet program for a highly complex and complicated population, but it brings us to the present issues, to which we would like to testify:

1. The elimination of direct services to the school-aged population in 1986-87.

The deaf-blind population is a complex low-incidence population with a multitude of varied needs, as evidenced by the dual sensory deficits in combination with varying degrees of retardation, intelligence, emotional problems, and other physical disabilities. Due to these complex needs, the cost of direct services can range from $15,000 to over $50,000 per capita annually. These costs are obviously substantial costs for a local community or individual States to incorporate into their Special Education budgets. To date, the flexibility of using VI-C funds to add to the local community's contribution has made the financial burden more tolerable for these communities. It should be noted that the United States government funding level accounts for not more than $2800 per child nationally, an extremely small portion of the total direct service costs. It has been stated by the United States Department of Education that there should be no Federal role in the providing of direct services to a school-aged population, since all States have reasonable comprehensive mandatory special education laws which require free, appropriate public education. In theory, this point seems to be valid, inasmuch as these State laws do exist. However, in practice, the quality of services to the deaf-blind population continues to be adversely affected, for the following reasons:

a) Unlike the Federal effort, many States do not have legislation or appropriations which recognize the unique needs of the deaf-blind population, per se. Consequently, these students do not become identified as deaf-blind or their special needs go unidentified;

b) There are variations in States' mandatory special education laws, ranging from a requirement of minimally adequate services to the student's right to a program where he or she can progress to the maximum extent. Consequently, services to deaf-blind children in some States are only minimally adequate.

In recent years, VI-C funds have been used to provide creative and innovative direct service to the population including vocational programming, supported work, transitional planning, total life planning, and training for community living. These are not basic or core educational services which local communities always provide comprehensively under a traditional Individual Education Plan. They are frequently supplemental to the typical school program, but essential to deaf-blind individuals. It is our contention that funds for direct services for deaf-blind students need to continue for the above reasons. The Federal role in direct service provision to the population is a small but extremely important component in assuring deaf-blind children quality and comprehensive educational services.

2. An emphasis on directing funds away from the deaf-blind population in 1986-87.

For the next Fiscal year, 1986-87, the Department of Education has issued an RFP which, for the first time, allows for the use of VI-C funds for other than deaf-blind students (See Appendix A, page 2). Please note that of the total anticipated $15 million allocation, $5.437 million is being directed to "demonstration projects for the severely handicapped, including deaf-blind persons." These demonstration projects are expected to be funded at an average of

$100,000 each, annually. In the past, if one applied for a deaf-blind demonstration project, one was required to serve only deaf-blind children with these funds. Under the new guidelines, one could receive a $100,000 grant to serve 20 children, only 2 of whom are deaf-blind. Thus, the majority of the funds would be used to support handicapped populations other than the deaf-blind.

This significant change within the guidelines of the Office of Special Education clearly means that, of the possibly available $15 million for deaf-blind children, over 33% of the $15 million is being diverted into such demonstration projects with no controls on the representation of deaf-blind persons within these projects.

The following chart clearly emphasizes this particular point:

	1985-86	1986-87
Single & Multi-State Centers	$8.3 M	$4.9 M (Note Reduction)
T.A.S.H. Tech. Assistance	1.0	1.0
Helen Keller Tech. Assist.	.7	.7
Deaf-Blind Model Demo. Projects	5.0	1.0 (Note Reduction)
Deaf-Blind Nondirected Projects		1.96
Total Specifically Deaf-Blind	$15.0 M	$9.563 M
Demonstration Projects for Severely Handicapped (Including Deaf-Blind)		5.437 (Note Change)
		$15.0 M

It is our contention that the original authorization of Title VI-C and later reauthorizations have all occurred with the intent that funds be appropriated to serve deaf-blind individuals. Such redirection of the use of this funding, as stated above, seems to be in conflict with the intent of Congressional action.

In addition, the deaf-blind population's needs have not been eliminated or reduced to a point where such redirection of funding is warranted. Although the incidence of maternal rubella syndrome has greatly declined, the incidence of children being born with deaf-blindness is remaining constant. Etiologies have changed, but the need for specialized services to meet the unique needs of deaf-blind children have not changed significantly. The data on the deaf-blind population in 5 New England States shows a constant incidence of the population, and this data is confirmed by statistics available from other States and Regions. (See Appendices B and C).

3. Proposed budget cuts for 1985-86, and 1986-87

Within President Reagan's FY '87 Budget, submitted to Congress on February 5, 1986 the following is recommended for the Title VI-C program:

FY '86 Appropriated:	$15.00 M
FY '86 Appropriated With Sequester:	$14.35 M
Recommended FY '86 Level to Absorb '87 Impact:	$12.00 M
FY '87 Presidential Request:	$ 9.00 M

Please note that this plan represents a 20% reduction in deaf-blind services for the duration of this year (FY '86), and a total of a 40% reduction for FY '87. These reductions are far in excess of the anticipated sequester amounts, and far in excess of the majority of anticipated handicapped services reductions. We recommend that the sequester for FY '86 affect all programs more proportionately, rather than penalizing one small program so heavily. The 1986 recommendation appears to take unfair advantage of the fact that the deaf-blind population is a relatively small and not-so-vocal minority.

It is our understanding that the Administration is recommending such drastic cuts on the following basis: because the program's emphasis is now upon technical assistance, and not direct services, consequently technical assistance is less expensive to deliver. This is unfounded logic, based on an assumption that direct services from the Federal government are no longer needed. We have addressed this need in issue #1 above. In short, the Department of Education has prohibited use of the funds for direct service and is using this action to then justify an extreme funding cut.

Another concern of ours relates to the thinking that, to better prepare the population for a reduction of $6 M in services next year, we should take away $3 M of these services this year, thus "making it an easier transition." The reductions in service as they occur to meet the demands of Gramm-Rudman will be difficult enough. We think it is unfair to reduce the services earlier than necessary, in order to prepare people for the reduction. Staff in our profession have a much different orientation, to offer as much as we can to the deaf-blind population, for as long as our time, energy and resources allow.

4. Reauthorization of the Title VI-C Effort.

Based on the facts we have presented, we are appealing the Senate Subcommittee on the Handicapped to strongly consider reauthorizing

Title VI-C as a program of service to the deaf-blind population. The Tables which we have submitted give evidence to the fact that a sizable population of school-aged children will continue to exist and have significant needs, even after the "rubella bulge" in the population moves into adult services. The latter half of this rubella population is transitioning into adult services in the next 2-3 years, and they require intensive support services and supplementary services to assist them in this transition. The recipient adult service agencies require intensive support and training from the educational agencies who know the population well.

Unless support, supplemental direct services, and technical assistance are provided by specialists trained in deaf-blind education, many children who are now being served by local educational programs are at risk of being transferred to more restrictive programs. This tendency is already well documented in those States which have a weaker local effort.

The Federal role of supplementary direct service to this population has historically proven to be a much needed role that should not be lightly abandoned or subjected to "bureaucratic reprioritizing". Deaf-blind children require this supplementary assistance to the maximum extent that our Nation can continue to provide services to them and their parents.

Summary

In summary, we are asking that the following actions be taken:

1. Regarding the Department of Education's elimination of direct service to the school-aged deaf-blind population:

We are asking the Senate Subcommittee on the Handicapped to clarify its opinion on this significant shift, as it relates to Congressional Legislative intent and to please consider reinstating direct services to the deaf-blind children who are in need of such direct services according to reasonable and accountable monitoring procedures.

2. Regarding the Department of Education's permitting of VI-C funds to be used to serve children who are not deaf-blind:

   We are asking the Senate Subcommittee on the Handicapped to clarify its position on this dramatic shift, and to please assure that funds which have been appropriated for the deaf-blind population be used to only serve the target population.

3. Regarding the Reagan Administration's proposed reductions in the 1986 and 1987 Budgets for deaf-blind services:

   We are imploring the Senate Subcommittee on the Handicapped to please assure that these funding levels be increased to a reasonable level; any funding reductions should be proportionate to those which other handicapped populations will be experiencing. We also ask that the FY '86 reduction be minimilly raised to the anticipated sequester level of $14.35 million.

4. Regarding reauthorization of Title VI-C , Centers and Services to Deaf-Blind Children:

   We ask that this legislation be reauthorized, with provisions which clarify that direct service to deaf-blind school-aged children is both allowed and encouraged, with appropriate monitoring procedures. We ask the Senate Subcommittee on the Handicapped to also assume an advocacy role in attempting to assure adequate future appropriation for the program. Given the vulnerabilities of this small program, and the significant alterations to which it has been subjected, we also ask that an advisory committee be established for this program. This committee would ideally be comprised of consumers, parents, and specialists in deaf-blind education, with some members appointed by the Senate Subcommittee on the Handicapped.

We will gladly provide additional further information or data as needed, and we will make ourselves available to you as you deem necessary.

We thank you for your time and attention, and we appreciate your support for a future program for deaf-blind children which is meaningful and effective, and a program that best meets the needs of deaf-blind children and their parents.

APPENDIX A

INFORMAL LETTER

UNITED STATES DEPARTMENT OF EDUCATION
WASHINGTON DC 20202

January 14, 1986

INFORMAL LETTER: Directors, State and Multi-State Services for Deaf-Blind Children and Youth Projects, and Directors, Innovative Programs for Severely Handicapped Children

FROM: R. Paul Thompson, Chief
Special Needs Section R. Paul Thompson

SUBJECT: Review of Items Covered at the Project Directors' Meeting, Boston, Massachusetts, December 2-3, 1985

Dr. Thomas R. Behrens, Charles Freeman, Sara Conlon and I appreciated the opportunity to meet with many of you at the Project Directors' Meeting, December 2-3, 1985, in Boston, and to discuss with you a variety of issues pertaining to the administration of your projects. We were pleased to learn of the progress you have made in the delivery of services to deaf-blind and other severely handicapped children and youth.

In response to your requests, we are enclosing summaries and recommendations of the topical and geographic group discussions which were held as part of the meeting, addresses of the meeting attendees, and a review of important project administration details presented at the general sessions. We hope this information will be helpful to you.

We extend to you our appreciation for the high quality of your professional service to deaf-blind and other severely handicapped children and youth, and extend our best wishes for a new year of continued success.

NOTES FROM THE PROJECT DIRECTORS' MEETING - December 2-3, 1985

A. Services to Deaf-Blind Children and Youth Projects

1. Application for FY 1987 awards:

	Closing Date
Applications for New Projects	January 3, 1986
Application for Continuation Projects	January 27, 1986

2. Funding available for FY 1987 projects:

   a. No funds are expected to be available for "Priority Three" activities for FY 1987 projects (See Federal Register, Vol. 50, No. 147, pages 30994-30996).

   b. Where justified, FY 1987 requests for funding activities under Priorities One and Two may equal the amount granted for such activities in FY 1986. A request for any additional funds for such activities must be accompanied by a complete justification.

   c. The total amount requested for any FY 1987 project in any event should not exceed the total funds awarded to the project for FY 1986.

   Example: State "Y" had a total award of $100,000 for FY 1986--with $75,000 approved for Priority One activities and $25,000 for Priority Three activities. In this example, $75,000 would be the basis for the FY 1987 request. However State "Y" is permitted to justify requesting up to the additional $25,000 for Priorities One or Two FY 1987 activities. Such a request will be considered during the application review process, but SEP is under no obligation to award the additional $25,000 in funds. The total funds available to State "Y" would not exceed $100,000.

B. Innovative Programs for Severely Handicapped Children

1. Application for FY 1987 awards:

	Closing Date
Application for New Projects	March 21, 1986
Application for Continuation Projects	March 3, 1986

2. Priority Areas for FY 1987 Awards

Priority	Priority Area	Funding	No. of Awards
84.086C	Nondirected Demonstration -SH	750,000	7
84.086E	Supported Employment for D-B Youth	1,000,000	8
84.086H	Nondirected Demonstration -DB	1,963,000	18
84.086J	Systems Change (SH and DB)	815,000	7
84.086M	Transition Skills Dev. for SH/DB	1,965,000	8
84.086N	Educ. of SH/DB in Least Rest. Environ.	809,000	8
84.086R	Inservice Training -SH/DB	2,554,000	16

APPENDIX B

NEW ENGLAND CENTER FOR DEAF-BLIND SERVICES

Population Profile
Ages as of 6/30/86

State	Age Categories																					TOTALS
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	22	
Connecticut	1				2	2	2	1	4	4	1			4	3	7	4	3	2	20	13	73
Massachusetts	2		3	1	2	5	3	2	2	4	1	2	7	4	3	7	5	9	4	35	13	114
New Hampshire			2	6	5		1		2	1				1			2	2	1	3		26
Maine		1				1					1				1		1	1	2	2		10
Vermont		1		1	1									1				1	1	2	3	11
TOTAL	3	2	5	8	10	8	6	3	8	9	3	2	7	10	7	14	12	16	10	59	32	234

APPENDIX C

SUMMARY OF D/B COUNTS BY SUPPORT CATEGORY

	SEA REPORT			D/B COORD RPT				
STATE/TERR	Part-B	89-313	TTL	Part-B	89-313	Unknwn	TTL	DIFF
ALABAMA	26	26	52	17	20	85	122	70
ALASKA	12	0	12	14	2	1	17	5
AMERICAN SAMOA	0	0	0	0	4	0	4	4
ARIZONA	0	0	0	4	3	53	60	60
ARKANSAS	2	9	11	13	50	0	63	52
CALIFORNIA	162	5	167	161	24	52	237	70
COLORADO	0	89	89	0	86	1	87	-2
CONNECTICUT	3	1	4	0	73	0	73	69
DELAWARE	1	33	34	0	36	0	36	2
DIST OF COLUMBIA	2	33	35	0	35	2	37	2
FLORIDA	28	19	47	0	0	0	0	-47
GEORGIA	5	21	26	0	0	0	0	-26
GUAM	0	5	5	0	0	0	0	-5
HAWAII	0	8	8	9	19	0	28	20
IDAHO	1	28	29	4	12	0	16	-13
ILLINOIS	0	106	106	0	0	0	0	-106
INDIANA	2	3	5	7	11	4	22	17
IOWA	14	37	51	12	28	0	40	-11
KANSAS	24	45	69	18	54	0	72	3
KENTUCKY	38	10	48	37	35	20	92	44
LOUISIANA	14	20	34	30	117	21	168	134
MAINE	1	3	4	0	0	10	10	6
MARYLAND	18	38	56	15	39	7	61	5
MASSACHUSETTS	57	16	73	22	60	30	112	39
MICHIGAN	0	0	0	107	0	0	107	107
MINNESOTA	42	10	52	5	14	36	55	3
MISSISSIPPI	1	27	28	4	49	0	53	25
MISSOURI	84	0	84	135	21	0	156	72
MONTANA	19	15	34	17	10	6	33	-1
N MARIANAS	0	0	0	3	0	0	3	3
NEBRASKA	0	2	2	77	6	0	83	81
NEVADA	0	0	0	0	11	0	11	11
NEW HAMPSHIRE	3	7	10	4	19	3	26	16
NEW JERSEY	15	15	30	15	168	0	183	153
NEW MEXICO	6	0	6	8	33	13	54	48
NEW YORK	49	87	136	141	340	14	495	359
NORTH CAROLINA	4	24	28	14	14	17	45	17
NORTH DAKOTA	1	26	27	0	27	0	27	0
OHIO	19	0	19	18	15	0	33	14
OKLAHOMA	36	8	44	305	21	0	326	282
OREGON	0	58	58	0	107	0	107	49
PENNSYLVANIA	11	0	11	43	70	0	113	102
PUERTO RICO	88	0	88	0	0	65	65	-23
RHODE ISLAND	8	4	12	7	12	4	23	11
SOUTH CAROLINA	6	0	6	25	53	3	81	75
SOUTH DAKOTA	16	12	28	4	31	0	35	7
TENNESSEE	18	11	29	18	26	0	44	15
TEXAS	70	51	121	132	313	6	451	330
UTAH	33	4	37	39	26	12	77	40
VERMONT	1	5	6	0	11	0	11	5
VIRGIN ISLANDS	0	9	9	0	14	0	14	5
VIRGINIA	26	18	44	7	0	2	9	-35
WASHINGTON	7	36	43	43	61	0	104	61
WEST VIRGINIA	6	26	32	0	0	28	28	-4
WISCONSIN	14	19	33	8	32	0	40	7
WYOMING	2	4	6	12	3	6	21	15
TOTALS	995	1033	2028	1554	2215	501	4270	2242

SUMMARY OF D/B COUNTS BY STUDENT AGE GROUP

STATE/TERR	0-2	3-5	6-11	12-17	18-21	UNK	TTL
ALABAMA	7	6	38	26	45	0	122
ALASKA	0	1	4	10	2	0	17
AMERICAN SAMOA	0	0	2	2	0	0	4
ARIZONA	7	9	18	18	8	0	60
ARKANSAS	4	16	13	17	13	0	63
CALIFORNIA	2	14	48	48	49	76	237
COLORADO	4	10	24	31	18	0	87
CONNECTICUT	2	1	14	18	38	0	73
DELAWARE	3	9	9	8	6	1	36
DIST OF COLUMBIA	0	1	5	13	18	0	37
FLORIDA	0	0	0	0	0	0	0
GEORGIA	0	0	0	0	0	0	0
GUAM	0	0	0	0	0	0	0
HAWAII	0	2	8	12	6	0	28
IDAHO	0	1	9	3	3	0	16
ILLINOIS	0	0	0	0	0	0	0
INDIANA	0	5	9	2	6	0	22
IOWA	0	0	9	18	13	0	40
KANSAS	0	0	0	0	0	72	72
KENTUCKY	5	20	28	26	13	0	92
LOUISIANA	3	12	32	71	50	0	168
MAINE	1	0	2	2	5	0	10
MARYLAND	1	5	7	20	28	0	61
MASSACHUSETTS	1	6	17	27	61	0	112
MICHIGAN	2	7	36	25	37	0	107
MINNESOTA	2	17	3	15	16	2	55
MISSISSIPPI	0	0	0	0	0	53	53
MISSOURI	6	36	53	41	20	0	156
MONTANA	0	0	0	0	0	33	33
N MARIANAS	0	2	0	0	1	0	3
NEBRASKA	0	3	40	28	12	0	83
NEVADA	0	0	0	0	0	11	11
NEW HAMPSHIRE	0	12	5	3	6	0	26
NEW JERSEY	0	0	0	0	0	183	183
NEW MEXICO	3	2	15	18	15	1	54
NEW YORK	12	39	94	133	190	27	495
NORTH CAROLINA	2	3	8	16	15	1	45
NORTH DAKOTA	1	2	9	5	10	0	27
OHIO	0	0	0	0	0	33	33
OKLAHOMA	27	79	123	61	30	6	326
OREGON	5	14	23	35	30	0	107
PENNSYLVANIA	2	4	18	39	47	3	113
PUERTO RICO	9	10	19	13	13	1	65
RHODE ISLAND	4	2	0	8	9	0	23
SOUTH CAROLINA	0	5	19	18	38	1	81
SOUTH DAKOTA	2	7	13	6	7	0	35
TENNESSEE	0	0	0	0	0	44	44
TEXAS	25	57	111	131	120	7	451
UTAH	5	12	26	20	14	0	77
VERMONT	1	2	0	1	7	0	11
VIRGIN ISLANDS	0	0	0	0	0	14	14
VIRGINIA	0	1	2	3	2	1	9
WASHINGTON	0	0	0	0	0	104	104
WEST VIRGINIA	1	2	7	7	10	1	28
WISCONSIN	0	0	0	0	0	40	40
WYOMING	0	0	0	0	0	21	21
TOTALS	149	436	920	998	1031	736	4270

STATE	TTL POP (1983)	ST ADM (1983)	TTL HNDCP (1985)	COOR D/B (1985)	D/B×POP	D/B×ADM	D/B×HND
Alabama	3,959,000	759,000	88,015	122	0.0031%	0.0161%	0.1386%
Alaska	479,000	87,000	8,574	17	0.0035%	0.0195%	0.1983%
Arizona	2,963,000	514,000	50,523	60	0.0020%	0.0117%	0.1188%
Arkansas	2,328,000	448,000	44,670	63	0.0027%	0.0141%	0.1410%
California	25,174,000	4,118,000	370,336	237	0.0009%	0.0058%	0.0640%
Colorado	3,139,000	546,000	42,692	87	0.0028%	0.0159%	0.2038%
Connecticut	3,138,000	531,000	62,266	73	0.0023%	0.0137%	0.1172%
Delaware	606,000	99,000	11,355	36	0.0059%	0.0364%	0.3170%
Florida	10,680,000	1,510,000	155,854	69	0.0006%	0.0046%	0.0443%
Georgia	5,732,000	1,069,000	99,444	94	0.0016%	0.0088%	0.0945%
Hawaii	1,023,000	165,000	11,801	28	0.0027%	0.0170%	0.2373%
Idaho	989,000	203,000	17,776	16	0.0016%	0.0079%	0.0900%
Illinois	11,486,000	1,983,000	212,826				
Indiana	5,479,000	1,056,000	96,273	22	0.0004%	0.0021%	0.0229%
Iowa	2,905,000	534,000	56,907	40	0.0014%	0.0075%	0.0703%
Kansas	2,425,000	415,000	39,568	72	0.0030%	0.0173%	0.1820%
Kentucky	3,714,000	670,000	71,791	92	0.0025%	0.0137%	0.1221%
Louisiana	4,438,000	778,000	76,589	168	0.0038%	0.0216%	0.2154%
Maine	1,146,000	222,000	26,056	10	0.0009%	0.0045%	0.0384%
Maryland	4,304,000	751,000	89,186	61	0.0014%	0.0081%	0.0684%
Massachusetts	5,767,000	1,022,000	125,971	112	0.0019%	0.0110%	0.0889%
Michigan	9,069,000	1,866,000	150,708	107	0.0012%	0.0057%	0.0710%
Minnesota	4,144,000	754,000	80,142	55	0.0013%	0.0073%	0.0686%
Mississippi	2,587,000	477,000	50,879	53	0.0020%	0.0111%	0.1042%
Missouri	4,970,000	845,000	100,203	156	0.0031%	0.0185%	0.1557%
Montana	817,000	155,000	15,302	33	0.0040%	0.0213%	0.2157%
Nebraska	1,597,000	280,000	29,959	83	0.0052%	0.0296%	0.2770%
Nevada	891,000	149,000	13,469	11	0.0012%	0.0074%	0.0817%
New Hampshire	959,000	167,000	14,136	26	0.0027%	0.0156%	0.1839%
New Jersey	7,468,000	1,246,000	161,763	183	0.0025%	0.0147%	0.1131%
New Mexico	1,399,000	271,000	27,786	54	0.0039%	0.0199%	0.1943%
New York	17,667,000	2,871,000	251,113	495	0.0028%	0.0172%	0.1971%
North Carolina	6,082,000	1,129,000	116,001	45	0.0007%	0.0040%	0.0388%
North Dakota	680,000	117,000	11.357	27	0.0040%	0.0231%	0.2377%
Ohio	10,746,000	1,957,000	192,087	33	0.0003%	0.0017%	0.0172%
Oklahoma	3,298,000	578,000	63,537	326	0.0099%	0.0564%	0.5131%
Oregon	2,662,000	465,000	42,397	107	0.0040%	0.0230%	0.2524%
Pennsylvania	11.895,000	1,909,000	179,117	113	0.0009%	0.0059%	0.0631%
Rhode Island	955,000	148,000	18,155	23	0.0024%	0.0155%	0.1267%
South Carolina	3.264,000	619,000	71,531	81	0.0025%	0.0131%	0.1132%
South Dakota	700,000	129,000	12,453	35	0.0050%	0.0271%	0.2811%
Tennessee	4,685,000	854,000	97,556	44	0.0009%	0.0052%	0.0451%
Texas	15,724,000	2,920,000	282,763	451	0.0029%	0.0154%	0.1595%
Utah	1,619,000	344,000	40,115	77	0.0048%	0.0224%	0.1919%
Vermont	525,000	96,000	7,973	11	0.0021%	0.0115%	0.1379%
Virginia	5,550,000	1,010,000	100,605	9	0.0002%	0.0009%	0.0089%
Washington	4,300,000	758,000	64,109	104	0.0024%	0.0137%	0.1622%
West Virginia	1,965,000	384,000	42,520	28	0.0014%	0.0073%	0.0659%
Wisconsin	4,751,000	830,000	72,438	40	0.0008%	0.0048%	0.0552%
Wyoming	514,000	98,000	9,671	21	0.0041%	0.0214%	0.2171%
American Samoa	32,297		116	4			3.4483%
B.I.A.			5.364				
Dist of Col	623,000	100,000	3,400	37	0.0059%	0.0370%	1.088%
Guam	105,979	25,814	1,605				
No. Marianas	16,780	4,240		3			0.1658%
Puerto Rico	3,196,520		39,197	65			
Virgin Islands	96.569	23,304		14			
TOTALS	232,300,000	[illegible]	[illegible]	4,[illegible]			
AVERAGE	4,567,543	823,647	75,855	82	0.0027%	0.0150%	0.2299%

[illegible]
Readfield, Maine 04355
January 27, 1986

To: Lowell P. Weiker, Senate Subcommittee on the Handicapped
Pat Williams, House Subcommittee on Education

Re: reauthorization of PL94-142/ early intervention services

We have two little boys. Steve is 9--healthy baby, healthy child. Matthew is 6. He was born with spina bifida , developed hydrocephalus, has undergone many remediating surgeries beginning on the first day of his life. He arrived one cold January day to a mom and dad ignorant of disability itself, let alone early intervention. He arrived in a community far from hi-tech medical centers, to a rural neighborhood where people keep to themselves. Somehow, out of our ignorance, his pain, and a succession of intervention opportunities, Matt entered kindergarten this fall. Let me tell you that many of Matt's staunchest supporters applaud that achievement alone--mainstreaming has a novel aspect even in 1986. Matt's intimate supporters--we who live with him--are most reinforced by his being, in all important ways, just another neighborhood kid.

There is really only one reason why our little boy with a significant disability is just another neighborhood kid. Matt has had the benefit of an early intervention strategy that includes socialization along with physical and medical management. To make a point about the absolute necessity of socialization as a valid part of an early intervention plan, let me tell you this: physical remediation, ambulation and accompanying management strategies mean almost nothing if a child spends significant amounts of time away from able-bodied peers. Today's segregated child is tomorrow's segregated adult. Matt has never known segregation. His preschool experience with other children was quite like his older brother's in most significant ways.

Not every family that has a child with a disability or special need can tell a good story like ours. Children with physical handicaps struggle along with less than their due, children with Down Syndrome continue to be segregated in sometimes subtle, sometimes flagrant ways and families whose children have less traditionally "valid" disabilities (emotional, behavioral disorders; learning disabilities) are often accorded more blame than remediation, more disdain than education. Some of us are seen as "doing beautifully" and others of us are not. Whether we sink or whether we swim, whether we go down sometimes and struggle to stay afloat the rest of the time, families with children who have disabilities do the best they can with what they have. If what you have is nothing, your best is not going to be good.

Families whose children have special needs are bait for categorization. "You're not like other families. Other families could never do what you do. Matthew is lucky to have parents like you." The implication-- all families could do well for their children if only they tried a little harder, if only success mattered a little more. Not only naive thinking, but more importantly,damaging.

Available, accessible resources-- that is the telling difference between families who succeed, families who barely survive and families who fail. What familes need for their very young children with all kinds of special-needs conditions are early intervention services available and accessible across this country. There ought to be more planning and less luck making the difference for kids with disabilities who thrive. Practical resources for children, within the reach of every family who needs them to do the job they want to do for their children,is a necessary step towards the equality that PL94-142 assumes and supports.

Preschool environments that focus on normalization, provision of transportation and attention to family goals are the cornerstone of such practical resources. Parent-professional collaboration, the use of consumers as resources in program planning and inter-departmental, interagency aspects are part of effective preschool and school experiences that can make the difference for families who are floundering, along with their children, thrashing about in search of the life jacket that has not been tossed.

PL 94-142 ought to be emphatically reauthorized.

Sincerely,

Gene Judge

Gene Judge

TESTIMONY

on

REAUTHORIZATION OF THE EDUCATION OF THE HANDICAPPED ACT

Submitted by

The American Association of Colleges
for Teacher Education

February 4, 1986

for the

Labor and Human Resources Committee
Handicapped Subcommittee

UNITED STATES SENATE

Senator Lowell P. Weicker, Chairman

The American Association of Colleges for Teacher Education is pleased to have the opportunity to submit testimony to the Subcommittee as it considers reauthorization of discretionary programs of the Education of the Handicapped Act. The American Association of Colleges for Teacher Education is the oldest and largest teacher's college organization, representing 720 colleges and universities. Its member institutions range from four-year liberal arts colleges to comprehensive research universities. Collectively they prepare more than 90% of the nation's new teachers and administrators, including special education teachers.

Preparing teachers to provide an education to handicapped children in the least restrictive environment has been a major undertaking. Since handicapped children have found increasing placement in the regular classroom, it is the regular classroom teacher who has more and more become the main education provider for these children. Regular classroom teachers have thus needed a larger repertoire of skills and knowledge to provide handicapped children with the quality education they are due. Special educators have increasingly found themselves in the role of specialist, assisting the regular classroom teacher. Both regular and special educators have begun to see themselves as members of an instructional team. Colleges and universities have been challenged to prepare teachers for new and expanded roles.

Preparing teachers to meet the challenges of educating all children has been a priority of the member colleges and universities of the American Association of Colleges for Teacher Education since 1978. College and university teacher educators have worked conscientiously within their separate institutions and as a professional group to prepare new teachers with the attitudes and skills to work with children with special needs.

For several years, the state organizations of this Association promoted through state networks the vital role that teacher educators must play in the delivery of education to handicapped children. Individual colleges and universities have taken up the charge not only to educate special education teachers, but regular classroom teachers of the future, with the capabilities to teach children with handicaps in the most appropriate educational setting. Teachers' colleges have developed courses in special education for all teachers, and many have integrated material on special needs children through their teacher education curricula. They have developed new materials to promote the goal of preparing regular classroom teachers and special education teachers to contribute to the education of handicapped students. Some have received federal financial assistance to help in this work. Most have not.

Recognizing that federal resources will never reach all classroom teachers to assist them in acquiring the knowledge and skills to serve exceptional learners, the Department of Education has, in the past, focused some of its support on the source of new teachers: colleges and universities. In Fiscal Year 1975, the Department funded colleges and university teacher training programs at $1.4 million to conduct projects related to the preservice training of teachers to work with handicapped children in regular classrooms. Funding grew to $7.25 million in Fiscal Year 1980, but fell precipitously in the following years, so that by 1983, preservice and inservice training of regular educators were put together in the category of Special Projects.

We have seen support erode at a time when national data suggest the need for universites to prepare approximately 80,000 highly skilled new teachers within the next six years. While the need for classroom teachers who understand how to work with handicapped students persists, the Office of Special Education and Rehabilitative Services has excluded from direct competition for funds the very source of specially-trained regular educators.

In November of 1985, the Department of Education published a Notice of Final Annual Funding Priority for the discretionary competition, Preparation of Regular Educators. Disregarding past practice and specific statutory language, the Department designated State Educational Agencies as the sole eligible recipients of these federal funds. This decision effectively eliminates colleges and universities from direct competition and from a central role in the specialized preparation of new teachers. Instead, the Department has decided to invoke the broad authorization in Section 632 of the Education of the Handicapped Act, regarding State Educational Agencies, and to disregard specific statutory language authorizing the Secretary to make grants to institutions of higher education for the preservice training of regular educators, as stated in the Education of the Handicapped Act, Section 631(b). The statute makes provision for the special education training of regular educators, and identifies colleges and universities as eligible recipients.

The Department's decision to shift responsibility to the State for certain aspects of teacher training should be reviewed. While State Education Agencies must assume the major task of State-wide coordination of educational services, colleges and universities must remain in the vital role of educators of tomorrow's teachers and educational leaders. Colleges and universities are unique in their capacity to perform and make use of educational research. Preservice teachers have access to resources of the university that classroom teachers often do not, that enable them to absorb new knowledge and skills. Colleges and universities fulfill an essential mission to train new teachers that no other education agency is equipped to take on.

We are concerned about the implications of the Department's decision not only for the college preparation of regular classroom teachers, but also for the university training of leadership personnel, who are tomorrow's administrators. We are requesting that the Department clarify its current policy and reconsider the role of higher education in teacher training as it sets its policies for Fiscal Year 1987. Colleges and universities must continue to play a prominent role in preparing both special and regular classroom teachers to serve handicapped students.

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

STATEMENT REGARDING THE EDUCATION OF THE HANDICAPPED ACT

Prepared for

SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES

SUBCOMMITTEE ON THE HANDICAPPED

Submitted by

Roger P. Kingsley, Ph.D.
Director, Congressional Relations Division
Governmental Affairs Department

March 7, 1986

10801 Rockville Pike, Rockville, Maryland 20852 (301) 897-5700

As the professional and scientific association representing over 44,000 speech-language pathologists and audiologists nationwide, the American Speech-Language-Hearing Association (ASHA) is very concerned about adequate and appropriate service, research, and training programs benefiting persons with communication disorders. We are pleased that, as part of the upcoming reauthorization of the Education of the Handicapped Act, the Subcommittee is examining the adequacy of the Special Education Personnel Development program and of federal support for the training of special education and related services personnel.

The purpose of this statement is to bring to your attention a serious and widespread problem relating to personnel providing services to handicapped children under Public Law 94-142. Although there are severe personnel shortages and a lack of qualified personnel in many areas of special education, we are specifically concerned about the problem as it relates to the qualifications of individuals who are providing services to children with speech, language, and hearing disorders. As will be explained more fully in this statement, more than half the states allow unqualified personnel to deliver services to children and youth with communication disorders. Over a half million students under P.L. 94-142 are being served by unqualified providers -- a situation that poses serious consequences in terms of the quality of special education and the efficient use of federal funds. Following an explanation of this issue, we will present some specific recommendations for modifying the Basic State Grant program (Part B) and the Special Education Personnel Development program (Part D) with the goal of assuring that over two million children with primary and secondary communication disorders receive an appropriate education.

Background: Relationship Between the Purpose of P.L. 94-142 and the Training of Special Education Personnel

The Special Education Personnel Development program was designed to assist institutions of higher education, local and state education agencies, and other public and private agencies, in producing an adequate supply of qualified providers of special education and related services. Without properly trained, accessible, and sufficient personnel, it is difficult to envision the successful achievement of the central goal of P.L. 94-142:

> ...a free appropriate public education which emphasizes special education and related services designed to meet their unique needs, to assure that the rights of handicapped children or their parents or guardians are protected, to assist states and localities to provide for the education of all handicapped children, and to assess and assure the effectiveness of efforts to educate handicapped children [Section 601(c)].

There can be no question that Congressional intent since the early consideration of an "Education for All Handicapped Children Act" was to ensure that children and youth would receive appropriate services from qualified personnel. A 1975 Senate Report states that:

> High quality educational services for all handicapped children will require a greater number of support personnel, as well as teachers. The supportive services should be provided by trained occupational therapists, speech therapists, psychologists, social workers, and other appropriately trained personnel. (Senate Report No. 94-168, emphasis added)

P.L. 94-142 also requires that each handicapped child have an "Individualized Education Program" (IEP) which must be developed by, among others

> ...a representative of the local education agency or an intermediate educational unit who shall be qualified to provide, or supervise the provision of, specifically designed instruction to meet the unique needs of handicapped children [Section 602(19)].

The regulations implementing the Act define "qualified" to mean

> ...that a person has met state educational agency approved or recognized certification, licensing, registration, or other comparable requirements which apply to the area in which he or she is providing special education or related services [34 CFR 300.12]

Congress clearly intended that, under P.L. 94-142, handicapped children be provided appropriate special education and related services from qualified providers. Unfortunately, the regulations deferred to the states on the issue of who is qualified to provide such services. If a person meets state certification standards regardless of how low the standards may be, the person is considered qualified under the law. As a result, many schoolchildren with disabilities are receiving services from individuals who are not appropriately qualified, because the certification standards which they achieve do not meet generally accepted levels of training for the provision of services to persons with communication disorders.

Lower Standards for Services Provided to Schoolchildren

Since 1965, the American Speech-Language-Hearing Association has promoted the master's degree as the minimum accepted level of preparation for employment as a speech-language pathologist or audiologist. The decision to establish this degree requirement was made following a two-year Office of Education funded study of speech, language, and hearing programs in the schools. The results of the study showed that 98% of 1,800 respondents indicated that graduate education was desirable, if not essential, in providing services to children with communication disorders. Currently, the professionally accepted level of education and training for national certification as a qualified speech-language pathologist or audiologist consists of the following: a graduate degree that includes at least 60 hours of specified professional education; 300 hours of supervised clinical practicum; nine months of supervised professional experience; passing a national examination.

Although the master's degree has been the professionally accepted standard for nearly 20 years, only 22 states have established state certification standards that require the master's degree for employment as a speech-language pathologist in the schools, and only 21 states have certification standards for audiologists in the schools.

Twenty-one of the states where state education agency certification standards do not require a master's degree for providing speech-language pathology services in the schools nevertheless have licensure laws requiring that professionals providing services in public health agencies, non-public agencies, and in private practice must have a master's degree. Hence, in these states there is a clear double standard: a high quality standard for services to people with communication disorders diagnosed and treated in agencies and in private practices outside of the school system; and a lesser quality standard for children receiving services in their schools. Although children have been guaranteed the right to a free and appropriate public education and the states are receiving federal funds to carry out this guarantee in practice, these states condone services that meet neither professionally recognized standards nor state licensure standards of quality service.

There is also a double standard regarding services to people with communication disorders in federally-supported programs. Service providers under Medicare and Medicaid must have achieved the requirements of the Certificate of Clinical Competence (CCC) in speech-language pathology or audiology (awarded by ASHA but not requiring membership in the Association) or must meet licensure standards -- which are generally similar to the professionally recognized education and training requirements. Besides the Health Care Financing Administration, other federal departments and agencies requiring these high standards include the Department of Defense, the Department of Labor, and the Veterans Administration. In addition, private health insurance companies that provide coverage for speech-language pathology and audiology require that services be provided only by individuals who hold the CCC or a state license.

Impact of Present Policy on Children With Communication Disorders

As a result of the lower certification standards in some states, communicatively handicapped children are receiving services from individuals who have insufficient education and training in their field of practice. A recent study showed that individuals who do not have a master's degree may not be qualified to provide appropriate education to children with communication disorders. For instance, a majority of communicatively handicapped children have language and articulation disorders. Yet 55-60% of the bachelor's level speech-language service providers had no coursework related to these disorders. Nearly one-fourth of bachelor's level individuals had no practicum at all. Another study showed that the average terminal bachelor's degree student in speech-language pathology received 152 hours of practical experience, barely half the nationally recognized standard.

The impact of inadequate personnel standards in many states on the quality of services to communicatively handicapped children is considerable. Based on the 1983-84 child count, 4,094,108 children were served under P.L. 94-142.[1] Of these, 1,130,569 were identified as speech impaired.[2] Based on caseload studies conducted by ASHA, approximately 43% of children with primary handicaps other than speech or language impairment have concomitant communication disorders, but are not included in the single category child count. Combining the two groups of children, we find that there are approximately 2,000,000 children with primary or secondary communication handicaps receiving services under P.L. 94-142. Although reliable data are not available on the number of individuals with insufficient training who provide services to speech, language, and hearing impaired schoolchildren, ASHA estimates this number to be between 12,000-15,000. With an average caseload size of 50-55, this would mean that between 600,000-800,000 communicatively handicapped children are served by unqualified providers.

Under P.L. 99-198, Congress appropriated $1,215,550,000 for education of the handicapped state grants during the current fiscal year. After the FY 1986 sequester order, this amount will be reduced to $1,163,282,000. Based on the above calculations, a minimum 14.6% of children served under P.L. 94-142 are children with speech and language disorders who receive services by unqualified providers. By a conservative estimate, then, $170,000,000 in federal grant support is being spent on services that do not meet the mandate of "appropriate education."

Lower Qualifications as Related to Personnel Shortages

In the Seventh Annual Report to Congress on the Implementation of the Education of the Handicapped Act (1985), as with previous annual reports, the Department of Education reported that there were more special education personnel needed than were employed in the schools. The 1985 report also noted a recent study by the National Center for Education Statistics which found that more than a third of special education teachers studied were not eligible to teach at the time they began their employment in the schools. The problem of inadequate supply and low standards is often related. When state education agencies are aware that insufficient numbers of qualified special education and related services professionals are available, standards are set or maintained at a level that will permit recruitment from a larger pool of personnel.

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[1] U.S. Department of Education, Seventh Annual Report to Congress on the Implementation of the Education of the Handicapped Act (1985), p. 1.

[2] U.S. Department of Education (1985), p. 4.

A 1984 study by the Institute for the Study of Exceptional Children and Youth at the University of Maryland found evidence of widespread shortages of special education personnel serving various disability populations.[3] The authors state that "Undersupplies of personnel in speech/language/communication...present themselves as serious national needs." (p. 52) The authors found that although "handicaps in speech/language/communication represent the second largest disability category...33 of the 54 jurisdictions surveyed reported consistent shortages of speech/language clinicians or therapists, and five jurisdictions regard these shortages as severe." (p. 53)

The University of Maryland study found that many states have resorted to issuing emergency certificates in order to fill vacancies and that one result was that special education personnel in some jurisdictions were working with children with whom they had minimal experience or preparation to work with. "When supplies of any resource are plentiful, the tendency is to sort and select the superior; when supplies are scant, one settles for less." (p. 229) State certification policies are often used to increase the supply of personnel, but at the expense of quality. "These same (certification) policies also make it possible for districts to increase the supply of personnel by assigning to special education those individuals who are neither prepared, qualified, nor certified to work with handicapped students." (p. 230)

Recommendations

In order to ameliorate the problem of shortages of qualified special education professionals in communication disorders and to ensure that state and local education agencies employ qualified special education and related service personnel in the field, ASHA proposes several modifications to the Education of the Handicapped Act.

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[3] Judy Smith-Davis, Philip J. Burke, Margaret M. Noel, Personnel to Educate the Handicapped in America, Department of Special Education, University of Maryland (1984).

1. Add a definition of "qualified personnel to Section 602 of the Act:

> The term "qualified" means individuals who have met state established standards for obtaining a license to practice the profession in the state, or, in the absence of such standards, have met professionally recognized standards developed by a national certification board in the appropriate profession.

Currently, there is no definition of the term "qualified" as it relates to personnel in the Education of the Handicapped Act. In the Rehabilitation Act Amendments of 1984 (P.L. 98-221), the term "qualified" was added to the Rehabilitation Training section in order to place greater emphasis on the use of professionals with requisite training and skill to serve disabled individuals.[4] Under the Rehabilitation Act, in order to qualify for federal grants, state plans must include personnel standards that are consistent with state licensure laws.[5]

2. Amend Section 611 of the Act by adding the following language:

> Entitlements and allowances under Part B of the Education for All Handicapped Children Act of 1975, as amended, shall be made only to those states that have state certification standards for personnel providing services for handicapped children and youth under the Act that meet either the state established standards for obtaining a license to practice the specific profession in the state or, in the absence of state licensure standards, meet professionally recognized standards as established by the appropriate national certification boards.

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[4] The House Committee on Education and Labor and the Senate Committee on Labor and Human Resources Reports accompanying the Rehabilitation Act Amendments of 1984 state that the term "qualified" means:

> certification and/or licensure by the appropriate state and/or national certifying board including but not limited to, the American Board of Certification in Orthotics and Prosthetics, the American Board of Physical Medicine and Rehabilitation, the American Occupational Therapy Association, the American Speech-Language-Hearing Association, and the Commission of Rehabilitation Certification (House Report No. 98-298, p. 22 and Senate Report No. 96-168, pp. 17-18).

[5] Title I, Section 101(a)(7) of the Rehabilitation Act of 1973, as amended, states that "each [state] plan shall contain (a) provisions relating to the establishment and maintenance of personnel standards, which are consistent with any State licensure laws and regulations, including provisions relating to the tenure, selection, appointment, and qualifications of personnel."

3. Include the following language in Section 612:

> In order to qualify for assistance under this part in any fiscal year, a State shall demonstrate to the Secretary that the following conditions are met:
>
> (8) the State has established certification standards for employment of personnel working with handicapped children and youth under the Act that meet either the State established standards for obtaining a license to practice the specific profession in the State, or, in the absence of state licensure standards, meet professionally recognized standards as established by appropriate national certification boards.

These recommendations are aimed at ensuring that states establish standards for the certification and employment of special education and related services personnel that will maximize the likelihood that services provided to children with disabilities are appropriate to the educational needs of individual children. For a state grant program as large as P.L. 94-142, it is imperative that there be assurances that federal funds are being spent on programs that use qualified personnel.

We also recommend an amendment to Part D that addresses the problem of shortages of qualified speech-language pathologists and audiologists.

A subsection 631(d) should be added to read:

4. The Secretary is authorized to make grants through a special competition to institutions of higher education (including the university affiliated facilities program under the Rehabilitation Act of 1973) and other appropriate non-profit agencies to conduct special projects to prepare qualified speech-language pathologists and audiologists to work in those states that document shortages of speech-language pathologists and audiologists who meet professionally recognized standards.

ASHA also recommends that the authorizations for Special Education Personnel Development program funding be increased in the reauthorization of the Act. Specifically, we recommend that an additional $10 million be authorized in order to provide support to states that wish to upgrade or maintain education and training standards for speech-language pathologists. This additional support will provide material incentives to states that need to raise qualifications to meet the recommended licensure and certification requirements for qualified personnel.

The Subcommittee may be concerned, as we are, with how these proposals affect the federalism inherent in our educational system and specifically in P.L. 94-142. There are several points to keep in mind.

First, under the ASHA proposal, state licensure requirements for the qualifications of service providers would be supported over lesser qualifications that may be prescribed in state education certification standards. This leaves the state legislature, not the federal government, in control over the requirements necessary for employment in the schools.

Second, we believe it is imperative that federal funds allocated through P.L. 94-14 not be wasted. We believe that hundreds of millions of dollars have already been used inefficiently because funds have been, and continue to be, given to states in which services are provided to children by unqualified personnel.

Third, for twenty years this profession has exhausted every opportunity to convince state education agencies to adopt for their certification requirements professionally accepted standards for the qualifications of speech-language pathologists. In spite of these efforts, we still find 29 state education agencies (including the District of Columbia) that allow unqualified personnel to practice. In the past three years, seven states have tried to reduce their certification standards to allow less qualified personnel to serve children and youth with communication disorders.[6]

We appreciate your attention to the issues and proposals discussed in this statement. We believe that children and youth served under the Education of the Handicapped Act deserve to receive services that will provide them with quality education. If we are ever to achieve excellence in education, and if we are to truly fulfill the mandate of an appropriate education for all handicapped children, we must ensure that qualified professionals are available to provide special education and related services.

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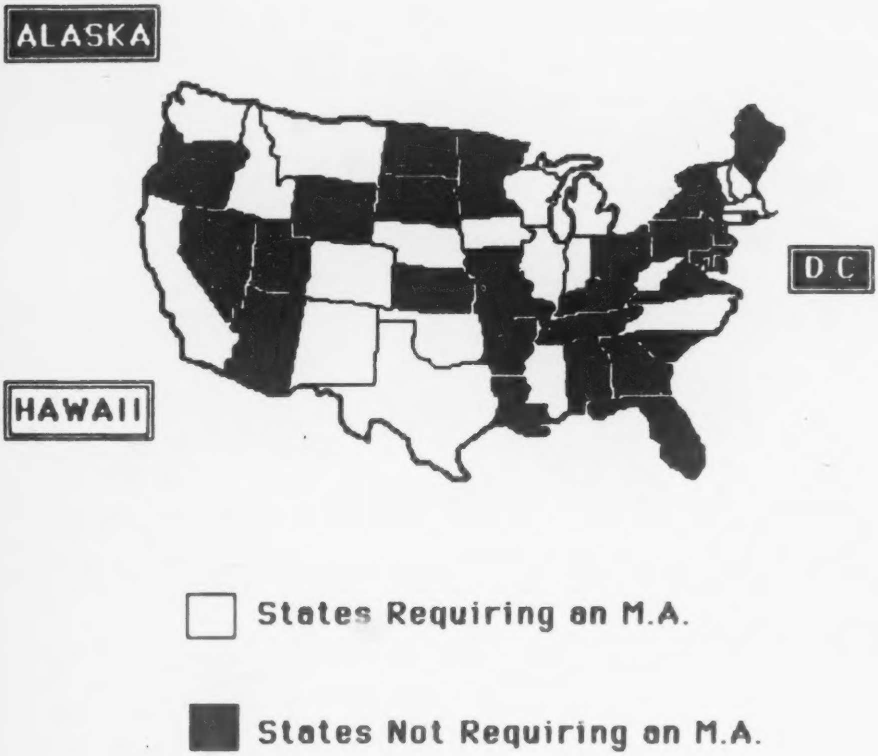
[6] The states are: Connecticut, Illinois, Kansas, Massachusetts, Mississippi, Nebraska and Vermont.

Speech-Language Pathology Certification Requirements
for the Public Schools

	BA	MA or Equivalent	Other Combinations
Alabama	BA		
Alaska	BA		
Arizona	BA		
Arkansas			Level 1: BA 6 yr. nonrenewable Level 2: MA 10 yr. renewable
California		MA	
Colorado		MA	
Connecticut		MA	
Delaware	BA		
Florida	BA		MA effective 7/1/89
Georgia			Entry level BA - 5 yrs. nonrenewal requires MA
Hawaii		MA	
Idaho		MA	
Illinois		MA	
Indiana		MA	
Iowa		MA	
Kansas	BA		MA effective 1987
Kentucky			Entry level BA after 10 yrs. renewal requires MA
Louisiana	BA		MA effective 1990
Maine			Entry level BA 5 yr. term + 1 renewal (10 years total) then renewal requires 30 hrs.
Maryland			BA - provisional MA - Standard Professional Certificate
Massachusetts		MA	
Michigan		MA	
Minnesota	BA		
Mississippi		MA	
Missouri	BA		MA effective 9/1/86
Montana		MA	
Nebraska		MA	
Nevada	BA		
New Hampshire		MA	
New Jersey	BA		
New Mexico		MA	
New York			Entry level BA - after 5 yrs. renewal requires MA.
North Carolina		MA	
North Dakota	BA		
Ohio	BA		
Oklahoma		MA	
Oregon	BA		

	BA	MA or Equivalent	Other Combinations
Pennsylvania			Entry level BA Instructional Certificate I after 3 yrs. renewal requires Instructional Certificate II - 24 credits
Rhode Island			Provisional Certificate - BA 4 yr. nonrenewable. Requirements: BA + 24 hours required coursework and minimum 6 hours of supervised clinical experience. Professional Certificate - MA or 36 hours beyond BA degree including 15 hours of graduate coursework in speech/language pathology + 3 years professional experience.
South Carolina	BA		
South Dakota	BA		
Tennessee	BA		
Texas		MA	
Utah			BA entry level - BA - 5 yr. nonrenewable - after 5 years requires MA or equivalent
Vermont		MA	
Virginia	BA		
Washington		MA	
West Virginia		MA	
Wisconsin		MA	
Wyoming			BA + 12 professional courses
District of Columbia	BA		
TOTAL	19	22	10


ALASKA
HAWAII
DC
☐ States Requiring an M.A.
■ States Not Requiring an M.A.

STATEMENT OF JOHN E.D. BALL
PRESIDENT, NATIONAL CAPTIONING INSTITUTE

Regarding

REAUTHORIZATION OF THE EDUCATION OF THE HANDICAPPED ACT

to the

U.S. Committee on the Handicapped

Committee on Labor and Human Resources

U.S. Senate

March 6, 1986

The National Captioning Institutes (NCI)'s national closed-captioned television service is a success story. Captioning has allowed hearing-handicapped persons throughout the nation to join the mainstream of American public and commercial television viewing, and to see and understand the events of our time. The Congress has supported captioning since it began in 1980. We are very grateful for your support, and believe that it has accomplished much. However, we testify here that continuing federal support is still vital if captioning is to fulfill its mission.

Captioning for films and other media was authorized in 1970 under the amendments to the Education for the Handicapped Act. Captioning for television began experimentally some years later. Developments undertaken by the Public Broadcasting Service, with funds from the U.S. Department of Health, Education and Welfare, authorized by this Act, led to formal approval by the Federal Communications Commission of closed captioning for television in 1978. Although no specific reference to television captioning is in the law, previous Committee Reports have specifically cited the benefits of television captioning as a function of Part F. NCI strongly believes that adequate provision of funding authority for captioning be continued in this legislation.

Captioned TV is a unique success story, because more than 400,000 persons in hearing-handicapped homes are now regularly enjoying over 90 hours weekly of prime-time captioned TV progrms on all four networks. In addition, there is closed-captioned programming available on cable TV and 500 home video titles. The National Captioning Institute in 1984 began a pioneering effort in simultaneous "live" captioning of programs. This has made possible such programs as Good Morning America on ABC-TV, and Washington Week in Review on PBS. The federal share of the costs of captioning is down to less than 50% in just 5 years; with broadcasters, corporate America, and other contributors furnishing an increasing amount each year. The hearing-handicapped themselves have now invested over $35 million in decoders, and are contributing over $100,000 a year to obtain more captioning through NCI's Caption Club.

But this success is qualified because NCI should be reaching many more persons, with many more captioned programs. To make this happen, we must (1) reduce the price of the decoder; (2) increase the quantity and variety of captioned programs; and (3) devote a great deal more effort in public awareness of the service. All too many people who could benefit still are not aware of the service. Taken together, these needs have delayed our goal of decreasing dependency on federal funds.

As you know, closed captioning is the process which permits the spoken words of TV programs to be prepared as written captions, only made visible in the picture by means of a TeleCaption decoder. These decoders are now available for less than $200 nationwide in stores such as Sears.

NCI is the nonprofit, single-purpose corporation established in 1979 by the federal government to provide captioning services to the television industry. NCI is a cooperative endeavor, supported by commercial and public broadcasters, program producers, advertisers, corporate underwriters, interested citizens, and ED. In 1985, NCI's caption revenues were approximately $5 million, with about 50% coming from private sector sources.

NCI's Board of Directors represents leaders from the broadcast, corporate and hearing-handicapped communities. Additional counsel is received from its Consumer Advisory Board, representing special interests of the hearing-handicapped; and its Corporate Advisory Council, representing the growing group (last year over 500) of commercial media users and supporters of captioning. These groups meet regularly to advise NCI on policy and operation questions. NCI is proud of the large and diverse national and international list of organizations that have endorsed its corporate mission. (Lists attached).

As to the tremendous positive impact on family well-being, we offer some of the comments received from thousands of letters which have come to us annually:

> "Recently, I received a closed-captioned decoder as a gift. No one knows how grateful I am. My heart is full! I am so grateful to you who spend so much time, cost and thoughtfulness in getting the captioned programs. Thanks is not enough!"
>
> Paia, Maui, HI

> "I am 87 years and don't get out much especially evenings and it means so much to me that there is always a good program that is captioned. I listen to the 6:30 a.m. news in the morning and also Peter Jennings at 6:30 p.m. Lately there is a CC news program at 6 p.m. on Saturday and Sunday."
>
> Fort Myers, FL

"I am a senior citizen of over 80 and I missed so much enjoyment because of my hearing loss. But with your machine I can enjoy my programs again."

Howard Beach, NY

"I am a deaf adult ... appreciates the fact that modern technology has made it possible for the deaf to understand "live-TV" through the use of "real-time" closed captioning."

Hartford, MI

"A history of deafness runs in my family including myself and two of my four children. ... Captioning has made television so much more enjoyable. It is a joy and a blessing to know specifically what is being said. Thank you from the depths of my heart for making my world, and for others, a little 'louder.'"

Woodlyn, PA

"I am thrilled and delighted that, as of today, 'This Week With David Brinkley' is closed captioned! I have long wanted that and other public affairs programming to be captioned and here we have a fine beginning."

Bristol, TN

In response to government mandate, NCI has undertaken a greater role than simply providing captioning services. NCI has been the principle initiator of the necessary technical equipment used in the captioning and decoding process, and the principle national voice of captioning to the business, education and media world. These activities are part of its aggressive efforts to improve and increase TV captioning, and help increase its non-federal support. (See attached example of an NCI Marketing Memo). Growth in this area has been good. Federal funds continue to be vital to the service, and will continue to be so for some time to come. However, NCI is attempting to minimize the amount of federal help needed.

Authorizations for Part F, Instructional Media for the Handicapped, were $19 million for FY1984, $20 million for FY1985, and $21 million for FY1986. No authorization has yet been enacted for FY1987 and thereafter. For FY1985, the Congress appropriated $16.5 million to the U.S. Department of Education for Media Services and Captioned Film. Of these funds, about $3 million was awarded by competitive contract for TV program captioning, and about $1.5 million was awarded by competitive contract for decoder development and procurement. For FY1986, $17.5 million was appropriated for Media Services and Captioned Film; actual expenditures and contracting are not yet complete for FY1986. For FY1987, as yet unauthorized, the Administration Budget proposes $16.5 million for Media Services and Captioned Film.

NCI believes that Part F authorizations could well continue in a progression commenced in FY1984. This would provide $22 million for FY1987, $23 million for FY1988, and $24 million for FY1989. These amounts, if appropriated, would provide for modest increases to offset increases in costs. However, Part F authorizes a number of activities, including media training, research and services for handicapped persons other than hearing-handicapped. The authorization, therefore, should reflect the needs of these other responsibilities as well. It is NCI's plan to see a considerably greater increase in non-federal support of captioning during this period but with the federal funds still serving a vital service, and providing useful leveraging of non-federal funds as well. NCI's proposed uses of these funds include the following recommendations:

- Increased captioning. For example, there is only 1/2 hour of afternoon programming on one of the national TV networks. The close correlation between retirement age and increasing hearing problems indicates the rapidly growing number of persons who would benefit from the availability of afternoon captioned programs.

- Additional decoders. Previous federal funding has allowed for procurement of decoders which could be sold at the lowest price in order to be as readily available as possible to deaf families. Also, more homes with decoders means more private sector support of captioning can be attracted; a very good investment.

- New technical development of even lower-costing decoder components. Technical improvements in the past 3 years have allowed the design of the current decoder for a recommended retail price of less than $200, down from the price of $300 last year. Still more improvements in price and quality are possible. NCI believes that a new "superchip" could bring even greater savings pending adequate development investment.

- Public awareness. It is vital to protect the federal and private investment in captioning with at least minimal support for informing the hearing-handicapped constituency about the existence of the captioned TV program service. NCI's own experience with public awareness tests in Dallas, Pittsburgh, and Tampa have proved that decoder sales and captioned viewing can be increased significantly through involving local service clubs, press, churches, broadcasters and others in promotion of the service. This is yet another high-leverage way to increase the benefits of the federal captioning funds.

We appreciate this opportunity to present to you our views on how captioning could better serve the hearing-handicapped people of our nation. Closed captioning has meant much to more and more people over the past five years. It could mean even more, and to many more people in the years ahead. We respectfully ask your consideration of these proposals, and again want to convey to this Committee our appreciation for your support for our captioning efforts over the years.

COUNCIL FOR CHILDREN WITH BEHAVIORAL DISORDERS

CCBD

February 24, 1986

The Honorable Lowell Weicker
Senate Subcommittee on the Handicapped
113 Hart Senate Office Building
Washington, D.C. 20510

Dear Senator Weicker:

Enclosed, please find three copies of the response of the Council for Children with Behavioral Disorders to the Congressionally mandated Special Study on Terminology. As the response indicates, the Council questions both the substance and conclusion of the study. Also enclosed, as a reference, is the Council's original position paper on the topic of terminology as it relates to children and youth who are handicapped by their behavior.

Thank you for your consideration of our position. As the primary professional organization for persons involved in serving the children and youth who are handicapped by their behavior and served under Public Law 94-142, we believe it is important for this position to be clearly registered.

Sincerely,

Sharon L. Huntze

Sharon L. Huntze, President
Council for Children with Behavioral Disorders

/bos

encl.

RESPONSE* TO THE SPECIAL STUDY ON TERMINOLOGY, COMPREHENSIVE REVIEW AND EVALUATION REPORT

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*A response by the Executive Committee of the Council for Children with Behavioral Disorders.

Response to the Special Study on Terminology, Comprehensive Review and Evaluation Report

Introduction

The Council for Children with Behavioral Disorders, in a position paper titled "Statement to Support Replacing the Term Seriously Emotionally Disturbed with the Term Behaviorally Disordered as a Descriptor for Children and Youth who are Handicapped by Their Behavior" has taken the position that the term behaviorally disordered is a more appropriate designation than is seriously emotionally disturbed for those children and youth served under Public Law 94-142 as a result of their handicapping behavior. The position developed in that paper is predicated upon the following rationale:

1. The term behaviorally disordered has greater utility for education than does the term seriously emotionally disturbed.
2. The term behaviorally disordered is not associated exclusively with any particular theory of causation and therefore with any particular set of intervention techniques.
3. The term behavioral disorders affords a more comprehensive assessment of the population.
4. The term behaviorally disordered is less stigmatizing than the term seriously emotionally disturbed.
5. The term behaviorally disordered is more representative of the students who are handicapped by their behavior and *currently* served under Public Law 94-142.
6. The professional judgment of the field, generally, appears to be moving in the direction of the term behaviorally disordered.
7. Very importantly, it is clear that the change in terminology is representative of a focus on the educational responsibility delineated in the statute and is descriptive of the population currently served.

8. There is no evidence to suggest that a change to the term behaviorally disordered will result in an increase in the identification of students handicapped by their behavior solely as a result of the change in terminology.
9. Continued use of the term seriously emotionally disturbed because it is more stigmatizing and therefore assumed to limit identification is untenable. The number of students identified as handicapped by their behavior can and should be determined by assessment, definition and eligibility criteria, not by pergorative labels.

General Response to the Special Study on Terminology

Since the adoption of that statement, the Congress mandated and received a special study to explore the issue of terminology used in relation to children and youth who are handicapped by their behavior. The terminology related explanation was to include:

- how the population of children currently served under such Act as "seriously emotionally disturbed" may be changed (particularly in terms of the severity of disability) if the term "behaviorally disordered" is substituted for the term "seriously emotionally disturbed;"
- how a change in terminology will impact on the identification, assessment, types of special education and related services provided, and the availability of such services, if the change in terminology is made;
- how the settings in which special eudcation and related services are provided may change if the change in terminology is made;
- how the change in terminology may affect the attitudes of, and the relationships among parents, professionals, and children and youth;
- how the change in terminology will impact upon the training of professional personnel providing services under such Act.

Essentially, the report conveys that there is no evidence that a terminology change would result in a change in the number, type or severity of the population served nor in the environments or persons serving the population. These findings are then interpreted to represent no compelling reason for or against a terminology change. The Council would maintain that such "no change" findings are, in fact, a reason to pursue a new terminology. As the Council has maintained (see rationale #5), one of the advantages to the use of the term behaviorally disordered is that it is more descriptive of the currently served population. The Council finds the "no change" results to be in clear support of the accuracy of our original perception.

This fact coupled with the study's findings that the term behaviorally disordered is less stigmatizing and that the field is moving away from the strictly psychodynamic orientation connoted by the term seriously emotionally disturbed combine to call into question the ultimate "no compelling reason" stance. (Note: the report negates the value of the reduced stigma and the fields' movement; those items will be discussed separately in the next section).

There is some dismay that a report of such length added very little to the discussion on terminology that was not already available to the field via previous reports and publications. There is value, however, in the fact that, with all its volume, not one of the originally expressed concerns was validated--that the term behavioral disorders would result in identifying more children or different children and change the service delivery environments or providers. Although the narrative often appears to merely "seesaw" back and forth between opinions, if one rectifies the pervasive error of the study which is to continually compare, as having equivalent value, what states using the term seriously emotionally disturbed predicted would happen with what had actually occurred in states that had changed terminology, we find a clear indication that no factual support exists for the above metnioned concerns. This general concern will be addressed in more detail in the following section.

Finally, there is one clear point of contention between the Council's rationale and the Department of Education's recommendation based on this study.

> "...we believe that making this change would serve to distract members of the educational community from focusing on the work set out for them by the Education of the Handicapped Act--to advance and improve the availability and quality of services to seriously emotionally disturbed students."

Whatever other benefits might accrue from a terminology change, the primary one is that the change, contrary to being distracting to the educational community, would express a focus on and faith in the educational community to meet the needs of children and youth handicapped by their behavior.

Specific Response to the Special Study on Terminology

While the reader acquires some feeling for the study, at it is presented, showing "no compelling" evidence for or against the terminology change, the overall methods and assumptions of the study creates more of an equivocal tone than might need exist. Some of the more glaring examples of this concern are discussed below. These are presented, not in an effort to "pick" at the study, but rather to show how procedural/conceptual errors can create an inaccurate and/or equivocal picture of the information.

1. As previously mentioned, the study has a pervasive error which is to continually compare, as equal in nature, what states using the term severely emotionally disturbed predicted would happen with what had actually occurred in states that had changed to the term behaviorally disordered. In our opinion this is not narrative of equal weight to be balanced out. Proven occurrence is far more persuasive than speculation and should be reflected as such in the study.

2. There is a tendency at several points to equate educational with behavioral. This is a wholly inaccurate characterization and reflects some confused thinking on the part of SRA staff and/or study participants. Behavioral is a particular philosophical perspective. Educational is free of specific philosophical perspective--free to choose from whatever interventions are most useful. In one particularly disconcerting example of this confusion, the Council is said to favor the term behavioral disorder as more educationally relevant (which it does) because "the logic underlying their position is that behavior is learned, is therefore, teachable, and thus falls within the primary mission of the schools" (which we don't). Many members of CCBD do hold such an opinion; others do not. In either event the educational relevance of the term is not tied to theoretical perspective.
3. In several instances, states using the term behaviorally disordered and experiencing growth qualify that the growth is not result of the label. Despite stating that fact, SRA never summarizes that fact--just the growth. Since that is an integral issue, it is clearly a misleading omission.
4. It also occurs that the study sometimes equates the term emotional disturbance with "more severe". Also inaccurate! Severity is most often independent of the type of behavioral handicap.
5. A suggestion that the change might somehow affect states' autonomy is curious. Since many states use the term behaviorally disordered despite the federal use of seriously emotionally disturbed, it is unlikely that the federal use of behavioral disordered will prohibit states from using severely emotionally disturbed. The variation in state identification will continue so long as states use different

definitions eligibility criteria and assessment personnel. That's not necessarily a problem. Thus, why such a change should be directly responsible for much "non-productive short-term activity" in states using the federal term is unclear.

6. There is repeated suggestion that any change will require much re-adaptation. As study participants themselves pointed out, a change in definition or eligibility criteria carries major implications -- not terminiology in isolation.
7. On several occasions the study mentions that there is movement away from psychodynamic orientation. It then trivializes (p. 118) the professional judgment of an entire field by suggesting that such trends do not reveal "truth" or won't prevail across time.

Conclusion

The reader is generally left with the impression that concerns for any "inconvenience" caused by a terminology change outweighs the "little benefit" that might accrue.

With due respect to Dr. Ira Lourie, Director of the National Institute of Mental Health's Children and Adolescent Services Special Programs, who may have been paraphrased out of context, the study indicates that Dr. Lourie feels "that a change in terminology would have no long-term positive or negative effects but would cause him substantial inconvenience." While it is unclear to the Council why the personal inconvenience of a person not involved in the identification and service delivery of behaviorally disordered students in the schools is of particular import, it is clear that the "not worth the trouble" attitude permeates the preparation of this report. We find that unfortunate. Despite all our efforts since the advent of P.L. 94-142, the most conservative of hopes for children handicapped by their behavior have not been realized. Any trouble is worth it if there is gain to the children and youth handicapped by their behavior.

We would maintain that the inconvenience to one psychiatrist, a few states, or the Department of Education is not the issue here. The issue is how best to bring a full range of assessment and intervention techniques to the behaviorally disordered in the least stigmatizing and most educationally relevant way. With that as criteria, the only response must be that the terminology change to behaviorally disordered would be a small step in the right direction; and major efforts all begin with small steps.

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Statement to Support Replacing the Term Seriously Emotionally Disturbed with the Term Behaviorally Disordered as a Descriptor for Children and Youth who are Handicapped by Their Behavior

A Position Paper of The Council for Children with Behavioral Disorders*

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*This position was adopted by the Executive Committee of the Council for Children with Behavioral Disorders on November 14, 1984.

Statement to Support Replacing the Term Seriously Emotionally Disturbed with the Term Behaviorally Disordered as a Descriptor for Children and Youth who are Handicapped by Their Behavior

Synopsis of Position

It is the official position of the Council for Children with Behavioral Disorders that the term behaviorally disordered is more descriptive and useful to educators in identifying and planning appropriate placements and services for students who are handicapped by their behavior than is the term seriously emotionally disturbed. For that reason the Council endorses a change in the terminology utilized in Public Law 94-142.

Summary of Rationale

Public Law 94-142 was conceived of and written as educational legislation. Its primary purpose was to provide handicapped students with (1) access to public education and (2) appropriate educational interventions. It is in keeping with that intent that the Council for Children with Behavioral Disorders supports a change in terminology from seriously emotionally disturbed to behaviorally disordered. While a more detailed and documented discussion follows this section, a brief review of the rationale include:

The term behavioral disorders has far greater utility for education than does the term seriously emotionally disturbed. Public Law 94-142 was educational legislation, and is implemented primarily in public schools. The vast majority of all students who are identified as being handicapped by their behavior receive their specialized services in the public school environment (Grosenick & Huntze, 1980). It is important that the terminology selected for use in statute focuses attention and decision-making on local and state education agencies -- where the legal responsibility for identification and service rests.

The term behaviorally disordered is not associated exclusively with any particular theory of causation and therefore with any particular set of intervention techniques. The use of the term behavioral disorders results in a flexibility that allows the mandated educational service providers to select any professionally defensible identification method and service to this population. This concept is important because the endorsed change is not an attempt to exclude any type of child or type of intervention.

The term behavioral disorders affords a more comprehensive assessment of the population. Identification decisions will be based on both direct observation data and subjective report data. This verificable data will, in turn, create more opportunities to evaluate program effectiveness.

The term behavioral disorders is less stigmatizing than the term seriously emotionally disturbed. This is of particular importance to the parents of this population.

The term behaviorally disordered is more representative of the students who are handicapped by their behavior and currently served under Public Law 94-142. A change in terminology should not, in itself, increase the population being served. There are data to support this. It does, however, describe more accurately, those who are now served.

The professional judgment of the field, generally, appears to be moving in the direction of the term behaviorally disordered.

Finally, and very importantly, it is clear that the change in terminology is representative of a focus on the educational responsibility delineated in the statute and is descriptive of the population currently served. For these reasons such a change has important descriptive benefits to the field. However, many of the most important issues in the field focus on the definition of this population, for definition, after all, is the real controller of identification and service delivery options. The definitional issues will be the focus of a separate statement. Thus, while the Council does not believe that terminology change alone will result in radical change in the field, the Council does feel that it is an important step toward improved practices and services.

Discussion of Rationale

Introduction

Children and youth who are handicapped by their behavior and thus are eligible for special education under the provisions of Public Law 94-142, the Education for all Handicapped Children Act (EHA), have been referred to in that law as "seriously emotionally disturbed." While this term has been in common usage for a number of years, it is not an accurate characterization of most children now served under the term and, for a variety of reasons, is not the term preferred by most educators. For example, when educators specializing in work with this group of students formed a professional organization as a division of the Council for Exceptional Children in the mid 1960s, they chose to use the term behaviorally disordered. When professionals who train teachers to provide services to these students formed a professional organization, they chose to call themselves Teacher Educators of Children with Behavioral Disorders.

It is the official position of the Council for Children with Behavioral Disorders that the term behaviorally disordered is more descriptive, more accurate, more useful to educators in identifying and planning appropriate educational placements for students, and more socially acceptable than the term seriously emotionally disturbed. This position is supported by the three sections which follow and include: a discussion of the reasons to support a change in terminology from seriously emotionally disturbed to behaviorally disordered; a discussion that addresses concerns about possible negative consequences of such a change; and a summary.

Rationale for Supporting a Change in Terminology

There are numerous reasons why most of the professionals who bear the responsibility of the Education for All Handicapped Act (EHA) mandate to provide services to children and youth who are handicapped by their behavior prefer the term behaviorally disordered. The following list, while comprehensive, is certainly not exhaustive. Further, while many of these statements are related, for the sake of clarity, an attempt has been made to separate out each distinct idea.

1. The term seriously emotionally disturbed is associated with a particular theory of the cause(s) of problem behavior. This theory, usually called the psychodynamic theory, stresses the hypothesis that problem behavior is a manifestation of disturbed thoughts and feelings. Thus, a behavior problem is presumed to have inner emotional disturbance as its cause. The dynamics of causation hypothesized vary according to the particular psychodynamic theory chosen, but inadequate or disturbed relationships between parents and children and among family members are frequently suggested as a primary cause of disturbed behavior and become the focus of treatment. Thus, the use of the term seriously emotionally disturbed results in several assumptions about the treatment or intervention necessary for children and youth so identified, e.g., personal therapy, personal counseling, family therapy, etc. (Apter & Conoley, 1984).

The term behaviorally disordered is not associated with any particular theory of causation and therefore with any particular set of intervention techniques. Although it contains the word behavior, behavioral disorders is not a term that is exclusively associated with learning theory and/or behavior therapy in the way that emotionally disturbed is associated with psychodynamic therapy. Behavioral disorders is a term that has found acceptance among educators and related support personnel such as school psychologists because it conveys greater flexibility than the present term in the areas of communication, assessment, and especially program planning, i.e., intervention. This acceptance comes from educators with working philosophies reflecting a wide range of theoretical orientations and intervention preferences. It is important to note that the thrust of this point is not that emotionally disturbed children do not have disordered behavior; rather, the thrust is that of all of the children who are behaviorally disordered only some have causes and require treatments associated with psychodynamic theories. Many exhibit causes and require interventions associated with a number of other theoretical orientations. Thus, the term behavioral disorders is more reflective of the currently served population than is the term seriously emotionally disturbed.

In choosing a new descriptive term, policymakers should be careful not to repeat the endorsement of a particular theory of causation or treatment. Behavioral disorders more closely meets this criterion than does emotional disturbance. The resulting flexibility suggested by this term offers state and local service providers a greater sense of freedom in their choice of type and range of services to meet the individual needs of students who are handicapped by their behavior.

2. Utilization of the term behavioral disorders should assist in promoting a more comprehensive and less subjective assessment of this population. Because of the association of the term seriously emotionally disturbed with psychodynamic theories, there is the concomitant association with subjective personality assessment techniques. The term behavioral disorders, on the other hand, encourages a broadened range of assessment techniques to include a variety of objective approaches and methods. Specifically, the use of the term behavioral disorders creates a perception that should lead to the increased use of verifiable data to determine whether students are handicapped by their behavior. Examples of verifiable data include checklists, specific behavior counts, trained observation, etc. The use of verifiable data will, in turn, allow for increased measurement specificity which will greatly enhance the evaluation of program effectiveness by the educators who provide the specialized services to behaviorally disordered students. The combined effects of comprehensive and verifiable data in both the identification

and evaluation of behaviorally disordered students will result in an overall improvement in educational programming.

It is not the intent of such comprehensive assessment to eliminate the use of personality assessment devices for the behaviorally disordered population. Rather, it is the intent to encourage comprehensive assessment strategies that have interpretive techniques as one component of the assessment. Then, as with any comprehensive assessment, those measures that are most appropriate for the child in question can be used in an individualized fashion. Acceptance of the proposed change in terminology will find educators and school psychologists continuing to use assessment procedures that seek indicators of disturbed inner states (interpretive techniques) when it is appropriate and useful to do so. In fact, the current definition in the implementing regulations of Public Law 94-142 has sections that refer to inner thoughts and feelings, such as unhappiness and depression, to hypothetical constellations of such thoughts and feelings, such as self-concept, as well as to more overtly recognizable behaviors such as poor peer relationships and academic difficulty. Educators recognize the need for identification of and special planning for unusually quiet, withdrawn students and students with internal emotional disturbances as well as those students whose general behavioral patterns are disruptive to themselves and others despite the absence of an identifiable intrapsychic problem. Further, the American Psychiatric Association's Diagnostic and Statistical Manual III utilizes the term disorder following nine of their initial labels, all of which have observable diagnostic criteria. The need to consider observable behavior in assessment is recognized across our field.

It is important to note here that it is recognized that assessment is more clearly related to definition than to terminology alone. However, to the extent that terminology refrains from endorsing one type of assessment strategy, that terminology can and does influence the approach taken toward comprehensive assessment.

3. The term behavioral disorders is less stigmatizing than the term seriously emotionally disturbed. Studies of the social desirability of labels used in special education have led researchers to conclude that parents, teachers, and students view the label seriously emotionally disturbed very negatively (Barsh, 1964; Harasymiw, Horen, and Lewis, 1976; Tringo, 1970). As a descriptor seriously emotionally disturbed rates near the bottom, with mentally retarded as the only term that consistently rates lower.

This fact coupled with the association between the term seriously emotionally disturbed and theories of causation that suggest poor parenting result in the unfavorable response of many parents to the label seriously disturbed. Such parents feel that it unfairly stigmatizes them as well as their child. The blame that is associated with the label is a likely reason why no major national parent group has formed around it. The parents' groups that have formed around the labels "schizophrenic" and "autistic," both once classified as categories of emotional disturbance, stress the probable physiological causation of these serious behavioral disorders. Parents in these groups reject the psychodynamic model with great vigor. The lack of such parent groups to support the needs of behaviorally disordered students is a great loss to the field. There is evidence to indicate that such groups are helpful in establishing quality services to the behaviorally disordered population at the local education agency level (Long, 1983).

4. The term behavioral disorders is more representative for the children and youth currently being served under Public Law 94-142's seriously emotionally disturbed label. The realities of local education services are that public schools serve those children and youth whose behavior has handicapped their ability to profit from education without special education. Only a small percentage of those children and youth currently receiving services under the seriously emotionally disturbed category of the Public Law 94-142 regulations are children and youth for whom an internal emotional conflict can be ascertained or diagnosed. The majority

of children and youth being served are students whose behavior is handicapping but has no specific or identifiable causation within the emotional disturbance constructs (Grosenick & Huntze, 1980). Not only is the term behavioral disorders more representative of this predominant group, it is also representative of the small population whose behavior problems have been traced to a specific emotional disturbance. Behavioral disorders is a descriptive and more representative term for all of the children who currently receive services for behavioral handicaps under Public Law 94-142.

It should also be noted that while most states still use a term similar to seriously emotionally disturbed, a number have moved to the use of a term similar to behaviorally disordered. The Office of Special Education Programs has always judged those labels equivalent in terms of the population they designate for services. Clearly, seriously emotionally disturbed has been used to identify all children and youth who are handicapped by their behavior despite the narrower connotation of the term.

5. Finally, it is our position that the professional judgment of a field of study should be a primary consideration in the development and modification of the laws and regulations which impinge on that field. The overall movement within the field of behavioral disorders is clearly away from the use of the term seriously emotionally disturbed.

Within the field of behavioral disorders, the texts currently being written and used to train teachers for the population in question are moving away from the singular use of the term seriously emotionally disturbed. Of seven introductory texts published in this area since 1980, only two use the singular term seriously emotionally disturbed in the title and as a primary choice in the body of the text. Of the remaining five, three use only the term behaviorally disordered, one uses both terms and one uses a different term entirely. Regardless of the "new" term selected, the move appears to be away from a singular use of the term emotional disturbance.

There is a recent trend among the states toward the use of labels that refer to behavior rather than or as well as emotional status. In a study conducted in 1980, Mack found that 9 states used the descriptor behavior or behavioral as the primary descriptor for this group of students, and two states used a combination of the labels emotional and behavioral. According to a survey conducted by a CCBD subcommittee in the summer of 1983, since 1980 the number of states using emotional as the primary descriptive term in their label has decreased by 6 to a present total of 30. Three more states have decided to use behavioral as the primary descriptor and one more uses both terms. The "behavioral" or "both" groups now total 15. The remaining 6 states use another descriptor or do not label students except when filing the reports required by Public Law 94-142. These data support the perception of a definite trend away from using the current label toward using either the label behavioral disorders or some variant, or a combination of the present term with the descriptor behavioral such as "emotional and behavioral disorders." This trend has been made despite the status given the label seriously emotionally disturbed by its inclusion in Public Law 94-142. It seems reasonable to suggest that the trend would be accelerated by a change in the federal terminology.

Responses to Concerns about a Change in Terminology

The majority of concerns raised about the possibility of a change in terminology from seriously emotionally disturbed to behaviorally disordered focus around three central issues. Each of these is addressed below in an effort to demonstrate that while the concerns are vaild, they are not foregone outcomes of a terminology change.

1. The primary concern expressed by many persons in policy and administrative capacities is that the term behavioral disorders encompasses types of behavior

problems that are not already served in special education programs arising from the EHA mandate. Thus, it is feared that the numbers of students served under the term behavior disorders will increase dramatically (and with that, the cost of service delivery to this population will increase). While cost concerns in special education are legitimate and quite real there is no evidence to suggest that an increase in numbers of children identified has or will occur as a result of utilizing the term behavioral disorders. Two types of data support this letter perspective.

In 1980 the National Needs Analysis in Behavior Disorders Project compared the terminology used by states and the percentage of children handicapped by their behavior. Grosenick & Huntze (1980) stated:

> Some states . . . use the term behavior disorders in their state regulations. This has not resulted in any discernable "over-identification" of the behavior disordered population, as witnessed by the fact that most states are serving far below the conservative two percent prevalence estimate. Perusal of the labels used by states and the percentage of children served as behavior disordered does not reveal a direct correlation, i.e., states that use the term behavior disorders are not identifying substantially more children than states which use the term emotional disturbance.
> (pp. 34-35)

In October, 1983, updated data supporting that position was presented to Congressional members. Huntze (1983) found only .057 per cent difference between the average percentage of children served under Public Law 94-142 in states using a term similar to seriously emotionally disturbed and those states using a term similar to behavioral disorders. Clearly, states using the term behavioral disorders or something similar are not identifying significantly more children and youth than states using the term emotional disturbance or something similar.

Finally, states that have changed their terminology from seriously emotionally disturbed to behavioral disorders have not reported an increase in identification of students handicapped by their behavior solely as a result of that change in terminology. Any increases in the numbers of students identified can be attributed to overall child-find activities that are present regardless of the label. Most such states maintain a constant level of identification.

2. The reverse side of the above concern is the belief that retention of the seriously emotionally disturbed label will restrict the number of children who are identified as handicapped as a result of their behavior. At the time that the House of Representatives Subcommittee was examining the possibility of a terminology change, Representatives Eilenborn, Nielson and Chandler filed a dissenting views statement. In that statement they referred to "potential over-identification of children in terms of more 'attractive' disability labels." They went on to express concern that the 113% increase that occurred in the area of learning disabilities might result with regard to children and youth handicapped by their behavior. While it is doubtful that the term behavioral disorders is likely to be considered "attractive," it is less stigmatizing in some ways. However, the data presented previously indicate that in states where such a terminology change has occurred, it does not appear to have been considered "attractive" and to have led to dramatic increases in the numbers of children so identified.

Similarly, there is apparently some belief that the term seriously emotionally disturbed connotes a more severely disturbed population than the term behavioral disorders and thus use of the term seriously emotionally disturbed will identify small numbers of children and youth. The criticism that the term behavioral disorders specifies a "less severe" population than the term seriously emotionally disturbed is more a matter of usage than anything intrinsic in the term. Indeed, most states which have changed to this more descriptive, less inferential term continue to use the definition in the present regulations implementing Public Law 94-142. Thus, the real determiner of identification, i.e., the definition itself, is identical to that used for the term seriously emotionally disturbed in Public Law 94-142. Educators regularly make distinctions between the behavioral disorders of normal students, which occur at fairly high rates (Rubin and Balow, 1982; Wood and Zabel, 1982), personal adjustment problems that are not manifested in ways that are disruptive in classrooms, and severe behavior disorders requiring special education services. Those determinations are independent of the terminology used.

Finally, it is not, in the end, defensible to attempt to "control" identification of children who are handicapped via their behavior by deliberately choosing stigmatizing labels. With a change in terminology to behavioral disorders, emphasis on the important area of identification is located in the proper place: on definition and assessment. While we must attend to the numbers of students designated as handicapped by virtue of their behavior, this eligibility question is best resolved through appropriate definitions and assessment procedures--not through perjorative labels.

3. There has also been some expression of concern that a change in terminology will generally change the "type" of child served, the type of services rendered or the location of the delivery of those services. Again, it cannot be emphasized strongly enough that definition and assessment, not terminology, control those variables. Concern that any group of students or type of service will be excluded by the terminology change should be allayed by the existing definition in the implementing regulations of Public Law 94-142, since all state choices of both terminology and definition must be judged equivalent to that in order for states to be eligible for funding under Public Law 94-142. The changes will be in parental and social support, self-image of the children and youth and the nature of assessment, as discussed previously.

Summary of Position

It is necessary to keep in mind that a change in terminology has some clear and valuable benefits. At the same time, the magnitude of the resulting changes are clearly delimited. Such a change will have virtually no impact on the range of related services issues, the resource problems (both money and personnel) faced by the field or on any concerns about the appropriateness of the definitions currently used in Public Law 94-142 and by states. Those issues are primarily philosophical, legal and/or organizational and will remain in spite of the positive impact of a change in terminology to behavioral disorders.

It is possible, however, to be clear about what adverse effects will not occur as a result of the proposed change. Such a change will not result in increased identification of students in this population solely as a function of the label. Neither will it exclude services to currently served students or exclude (or even encourage the exclusion of) any type of service currently available to behaviorally disordered children and youth.

What a change in terminology from seriously emotionally disturbed to behaviorally disordered will do is to focus attention and decision making on local and state education agencies--where the legal responsibility rests. Such a change will divorce our legal terminology from specific theory of causation/intervention and encourage a variety of locally developed programming options. Further, the change is less stigmatizing to children and their parents, is representative of movement within the field of behavioral disorders and should provide an impetus to more comprehensive and selective assessment. For these reasons, the Council for Children with Behavior Disorders endorses a change in terminology from seriously emotionally disturbed to behaviorally disordered.

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Written Testimony - "Recreation as a Related Service"

Submitted to the
Subcommittee on the Handicapped
Committee on Labor and Human Relations
United States Senate
to be entered into the
Reauthorization Hearings on the EHA Discretionary Programs

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Prepared by The Legislative Coalition of the:
National Therapeutic Recreation Society
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PREFACE

The purpose of the National Therapeutic Recreation Society (NTRS)/American Therapeutic Recreation Association (ATRA)/National Consortium on Physical Education and Recreation for the Handicapped (NCPERH) Legislative Coalition on Therapeutic Recreation is to ensure a consolidated approach to monitoring legislative and regulatory matters pertaining to therapeutic recreation and recreation for special populations. It is responsive to and strengthened by its coordination with its constituitive bodies. The Legislative Coalition enables individuals representing NTRS, ATRA, and NCPERH to share the extensive and intensive responsibilities of monitoring legislation and regulatory matters by working with allied coalitions, and congressional committees to promote and protect the role of recreation in the treatment, education and community living of individuals with disabilities.

RECREATION AS A RELATED SERVICE FOR STUDENTS WITH HANDICAPPING CONDITIONS

Introduction

This statement is submitted to the Subcommittee on the Handicapped, Committee on Labor and Human Relations, United States Senate, as part of the Reauthorization Hearings on the EHA Discretionary Programs. The NTRS/ATRA/NCPERH Legislative Coalition on Therapeutic Recreation fully supports the "recreation as a related services" provision as it exists in the EHA statute. In the law recreation is a "related service" to assist a handicapped student to benefit from special education. The focus of this related service is to serve children whose recreation and leisure attitudes, abilities, skills, and knowledge are significantly below average and affect learning, classroom performance, and present or future lifestyle. "Recreation as a related service" is an addition to special and physical education. It assists, augments, and enhances rather than duplicates.

In order for a child to benefit from "recreation as a related service", it must be written into the IEP. Although the law has existed for more than ten years, there are few instances where "recreation as a related service" has been written into IEPs. There are undoubtedly many students who need this service. Yet, without the explicit inclusion into the IEP, the student will be denied this necessary related service.

The Legislative NTRS/ATRA/NCPERH Coalition is concerned that this particular related service is seldom used to assist a handicapped student to benefit from special education. The NTRS/ATRA/NCPERH Legislative Coalition urges that the related service provision remain as it exists in the law and that the service be more actively and aggressively implemented so that the total educational needs of handicapped students in the United States can be served. In order to ensure that this provision of the law is used whenever necessary the

NTRS/ATRA/NCPERH Legislative Coalition on Therapeutic Recreation recommends that:

1. A comprehensive needs assessment be completed to determine:
    a. if the recreation/leisure needs of handicapped students are adequately being met
    b. if recreation as a related service is being written into IEPs
    c. if written in IEPs, is the service being implemented by a certified therapeutic recreation specialist as required by the EHA rules and regulations
2. More thorough monitoring of "recreation as a related service" be conducted at the federal, state, and local levels.
3. Qualified personnel (as defined in Subpart B of the rules and regulations for the EHA, in sections 121a.126(b)2 and 121a.382(a)3) deliver recreation as a related service.
4. Federal financial assistance is available to:
    a. train therapeutic recreation specialists to assist in the implementation of "recreation as a related service" as authorized by the EHA
    b. conduct efficacy research to determine the benefits of this related service
    c. conduct model programs which can be replicated throughout the United States

This written testimony will not present reams of research about how effective recreation as a related service provision has been simply because it has been utilized so infrequently that few systematic studies have been completed. There are many studies which document the benefits of recreation participation and adjustment to life and as such will be discussed. This testimony will describe some of the few incidences in which recreation as a related service has been implemented and will provide the comments of many parents, administrators, and handicapped students of the benefits of this related service. First is a discussion of the importance of recreation.

The Importance of Recreation

The need for recreation has long been seen as a need of all persons. Recreation participation has a significant impact on the social and psychological adjustment of an individual. Recreation activity is instrumental in the individual's development of a sense of personal identity and self-worth and the ability of the individual to interact with others and one's environment. Recreation assists in the learning process. Recreation as an educational tool can be used to achieve cognitive, social, emotional, and physical objectives identified in the IEP. Recreation activities and experiences are an important aspect of community adjustment and have an impact on total adjustment, especially in the transition from school to work and independent living. According to Park (1981) participation in recreational activities can accelerate the integration of handicapped persons into the community thereby reducing isolation and stigma and furthering the principle of normalization. He contends that:

1) recreation and leisure activities and experiences are an integral part of life for every individual including those individuals with disabling conditions,
2) recreation and leisure activities must be an integral part of the educational, social, vocational and rehabilitation programs for disabled individuals, and
3) all people including those with disabilities need to be made aware of the important role which creative and productive use of free time in the pursuit of leisure can play in the enrichment of their human existence.

In recent years these contentions have been echoed in the research and writings of many prominent professionals in special education, rehabilitation, and therapeutic recreation (Bellamy, 1983, 1984, 1985; Bullock, 1984, 1985; Certo, Haring, and York, 1984; Churton, 1985; Compton, 1984; Connolly, 1984; McDonald, 1985; Schleien, 1983, 1984, 1985; Stanley, 1984; Voeltz, 1983, 1984; Wehman, 1983, 1984).

The right to participate in recreation/leisure services is a basic human right as well as a civil right. It is also a right which has been denied to many disabled individuals. It has been denied, in many cases even though many disabled persons have a disproportionately large amount of free time because of their disability, because of continuing discrimination which exists in our society today. Individuals with handicaps often can do little to change the basic nature of their physical and mental limitations which too often bar them, in part or totally, from sharing in the mainstream education, recreation and society. But society can do a great deal more than is presently being done to remove the obstacles in the path to productive and fulfilling lives for individuals with exceptional needs. Legislation demands that the will of the people be carried out in the public schools and communities. Public Law 94-142, the Education for All Handicapped Act, requires that public education provide a total educational experience. Recreation as a related service is an important part of a child's education. "The Cardinal Principles of Education" (1912) included "worthy use of leisure" as one of its objectives, yet that objective is hardly more of a reality today than it was early this century.

Recreation as a Related Service Defined

In P.L. 94-142 recreation is a "related service" to assist a handicapped student to benefit from special education. Recreation as a related service provides assistance, instruction, and intervention to enhance and expand the quality of the educational process provided to handicapped students. Within the "related services" provision, recreation consists of four components...

...assessment of recreation and leisure functioning (a procedure to determine current functional strengths of the handicapped student in terms of skills, knowledge, abilities, and attitudes relative to recreation and leisure) as the basis for IEP prescription and subsequent remediation.

...leisure education (instruction to improve the leisure participation and leisure lifestyle of handicapped students through the development of positive attitudes toward leisure, the development of skills necessary for recreation participation, knowledge of recreational resources, and recognition of the benefits of recreation involvement.)

...therapeutic recreation (the purposive use of recreation activities and experiences to ameliorate deficits in social, cognitive, and physical functioning of handicapped students)

...recreation in school and community agencies (the provision of recreation services to handicapped students in the least restrictive environment)

Who May Receive "Recreation as a Related Service"

All children with handicapping conditions as defined by federal mandate (PL 94-142) may receive recreation services. However, only those students whose IEP's include recreation as a related service, receive assessment and subsequent remediation. Students are referred for recreation services by regular or special education teachers, child study teams, or other related services personnel. These are students who need a comprehensive recreation and leisure assessment or have been identified by other assessment procedures as needing leisure education or remediation services. Some students may be referred to recreation services to assist in the completion of regular education goals or IEP objectives. Whatever the reason, any student with a handicapping condition who is referred for recreation services will receive recreation services as appropriate to extend and enhance the student's education in the least restrictive environment.

Where are these related services received?

Depending on the services prescribed in the IEP, recreation services for students with handicaps are delivered in the least restrictive environment. These environments include self-contained developmental or remedial education classes, mainstreamed classes, resource programs, and other non-traditional programs such as institutions and other treatment facilities. IEP prescribed services need not be restricted to school hours.

The Therapeutic Recreation Specialist could work within a single educational setting or a combination of educational settings, for example, regular school, itinerant service to more than one school, resource room, special school or center, in a shared service arrangement, or outside the traditional instructional setting. With the present emphasis on transition from school to work and community living, Therapeutic Recreation Specialists may begin to work closely with vocational education, vocational rehabilitation, and community service agencies in order to enhance the student's education and consequently his/her potential for successful transition from school to work and community living.

Programmatic Implications

Recreation and physical education are not the same from a statuatory or a programmatic perspective. Unlike physical education, recreation, by definition, is in addition to regular special education and physical education. As a related service, recreation assists, augments, and enhances the educational process. Recreation and leisure are essential parts of a total education. Recreation personnel, identified in Subpart B of the rules and regulations as "Therapeutic Recreation Specialists", must work with traditional service personnel such as special educators and physical educators to provide recreation services that assist and augment rather than duplicate. This is accomplished through cooperative working relationships that provide the highest quality and most comprehensive educational experience.

Recreation as a related service for students with handicaps must be administered in a manner consistent with other related educational services. That is, services are provided to those children who need it to benefit from their special education. The focus of recreation for handicapped students is to serve children whose recreation and leisure skills, abilities, attitudes and knowledge are significantly below average and affecting learning, classroom performance, and present and future lifestyle. Therapeutic recreation personnel direct their energies toward analyzing and identifying students' strengths and weaknesses, and determining the appropriate programmatic response. Specific interventions and strategies are then developed to improve performance.

Yet handicapped children often are not provided the recreation services and opportunities needed to assist them in their adjustment and subsequent transition. Through recreation, handicapped students explore their own attitudes and values toward leisure and recreational involvement and plan ways to utilize recreation to assist them in their adjustment to school, community, and ultimately independent living. Recreation services for children with handicapping conditions should include assessment of leisure functioning, leisure education, therapeutic recreation and recreation in school and community agencies. Although handicapped students should be afforded these services as referred, the content of instruction will vary according to the ages and abilities of students.

At all levels, emphasis is upon the assessement and subsequent remediation of recreation and play skills. This is done through (1) therapeutic recreation, (2) leisure education, and (3) recreation participation in the least restrictive environment (cf page 1). Early in a child's education, the student may receive therapeutic recreation to ameliorate cognitive, social,and physical deficits thereby assisting in the educational process. Later, special emphasis is placed on initial exploration of recreation and leisure skills, values and attitudes and on participation in activities consistent with their non-handicapped peers. At the secondary school level, the emphasis may still be on assessment, remediation, and participation, however, the greatest emphasis at this level is leisure education. Leisure education is crucial to the pre-transitional and transitional phases of the handicapped students' life. At the time that the student is preparing for work, it is essential that he/she understand the importance of recreation and leisure to a well-balanced adult life. As such, leisure education on an individual or group basis:

1. clarifies leisure values
2. fosters changes in leisure attitudes, appreciations, knowledges, skills and behavior patterns
3. re-examines time use patterns
4. develops motivation and skills to participate in leisure experiences
5. formulates new perspectives about the environment in which discretionary time may be spent
6. relates the influence of leisure upon health, well-being and satisfaction
7. interrelates the creative and individual use of leisure and the quality of life
8. serves as a tool to create a life of involvement and self-directed participation
9. discovers new talents and forms of expression

Who are "qualified personnel?"

P.L. 94-142 clearly identifies recreation as a related service which enhances the educational goals of a handicapped child. If recreation is included in a child's IEP, it cannot be completed by a curricular service such as special education or physical education. The person who provides this array of recreation services is called a Therapeutic Recreation Specialist (TRS). "Therapeutic Recreation Specialists" are specifically identified in Subpart B of the rules and regulations for the Education for All Handicapped Childrens Act, PL 94-142, in sections 121a.126(b)2, and in 121a.382(a)3 as the personnel to be identified and used to meet the goals of the "Act". The precise role of the Therapeutic Recreation Specialist is dependent upon the size of the school system, the number and types of handicapped students, and the extent to which regular educators are available and prepared to provide programs for students with special needs.

The actual role of the Therapeutic Recreation Specialist may be either one or a combination of the following...

...Direct Service Delivery. The Therapeutic Recreation Specialist works directly with students in an educational environment as designated by an IEP. Usually the direct service delivery occurs in special segregated schools serving more severely disabled students; however, it may occur in other school settings. Also this type of service may be provided in non-traditional school settings within institutions and other treatment or community facilities.

...Consultant. The Therapeutic Recreation Specialist serves as a consultant to teachers, parents, community, and other agencies on strategies for providing appropriate recreation services and programs for handicapped persons. This most often occurs in regular school environments, particularly mainstreamed settings but may occur in myriad settings.

Responsibilities vary depending upon the role or roles assumed. The duties of the therapeutic recreation specialist (TRS) are dependent upon the referral and generally include:

...Assessing the recreation and leisure abilities, skills, knowledge and attitudes of students with handicapping conditions,

...Planning an appropriate implementation/remediation strategy based upon the assessment of the student with handicapping conditions,

...Implementing and conducting leisure education programs to assist the transition from school to work and independent living,

...Providing resource/consultative assistance to regular and special education teachers to infuse leisure education concepts into their ongoing curricula,

...Providing opportunities for recreation participation in the least restrictive environment in schools and community agencies,

...Providing supportive/resource services to special education classroom teachers and resource room teachers who incorporate recreation and play into the curriculum to enhance cognitive, affective, and motor behavior, and

...Interacting and working with professionals and paraprofessionals from various disciplines, parents, and community members who are concerned with handicapped students.

The Therapeutic Recreation Specialist is not a teacher rather is a supportive member of the educational team who consults with physical education and other education personnel. The Therapeutic Recreation Specialist works cooperatively with other related services personnel, the adapted physical educator, the special educator, and other educators to extend and enhance the students' total education.

Within the context of the least restrictive environment, a therapeutic recreation specialist must be qualified to conduct programs in a variety of settings. That person must also possess a broad spectrum of skills: someone who can conduct leisure assessments, conduct leisure education instruction, implement therapeutic recreation programs which specifically meet the objectives of the IEP, conduct in-service training, interact with support personnel, and work with parents; someone who can work with non-ambulatory, non-verbal and behavior disordered children; and someone who can cope with inconveniences such as braces and catheters. In short, the Therapeutic Recreation Specialist is an interdisciplinary team member whose skills can make significant contributions to the whole educational process.

It is essential that qualified personnel as defined in the rules of regulations deliver recreation as a related service. To be qualified, a person must be a graduate (undergraduate and graduate) of a college or university personnel preparation in a program that has a therapeutic recreation option accredited by the accreditation board of the National Recreation and Park Association/American Association of Leisure and Recreation are eligible for certification through the National Council on Therapeutic Recreation Certification (NCTRC). Therapeutic Recreation Specialists are not teachers and as such credentialed as teachers. In order to function in school settings, professional Therapeutic Recreation Specialists must be recognized and certified as related service personnel by state education credentialling bodies.

What are the Benefits to the Student?

Utilization of this related services provision will enhance the total education of the handicapped student. As such it will improve the quality of life for handicapped students in the following ways.

1. The quality of education to the handicapped student will be improved. The student will receive a total education. The handicapped student will acquire skills that will enable him/her to be more mobile in the community and family activities and to achieve a personally satisfying level of school and community adjustment.

2. Classroom performance will be improved. Cognitive and social IEP objectives will be addressed through the use of this related service.

3. Functioning within a social setting will be improved. The handicapped student will be involved in specific social activities and interactions with others. Group and individual discussions that focus on coping with disability, personal adaptations and techniques useful to become more assertive in a social setting.

4. Mental and physical health will improve. The handicapped student will improve functional skills and confidence in abilities.

5. Participation in normalizing activities will be evaluated and increased. The handicapped student will be involved in outings to the local community to help illustrate that participation in activities with persons without handicapping conditions is possible. At the same time, the handicapped student does have some special needs and will have an opportunity to become aware of those needs.

6. The handicapped student's ability to take advantage of a variety of recreational opportunities will be greatly improved because the handicapped student will have learned about resources and how to utilize them, and will have developed broader social and leisure skills.

7. The handicapped student will become more aware of physical and emotional barriers that may affect his participation. By developing individual means to overcome these barriers, the student will increase his mobility within community and family activities.

8. Through leisure counseling and education the handicapped student will become more aware of the importance of recreation in promoting satisfaction and quality of life. The handicapped student will be able to pursue activities he finds personally rewarding and meaningful.

9. Transition from school to employment and adult life will be enhanced. By receiving a total education, transition and community integration will include joint participation in recreational, residential, and employment settings.

Need for comprehensive monitoring

The system for monitoring each child's educational program is quite complex and should offer a series of checks and balances. Each local educational agency (LEA) is responsible to ensure that each handicapped child is receiving the services required to meet their educational needs. In turn, the state educational agency (SEA) oversees and evaluates the programs implemented by the LEA and conducts random samplings of handicapped childrens' individualized education programs (IEPs) to determine the appropriateness of prescribed services. Part A of EHA specifies that the Department of Education, Office of Special Education Programs must ensure that each state is in compliance with the statuatory requirements of EHA parts A-F. The system as specified within EHA seemingly allows for the protection and rights of the handicapped child to receive an appropriate educational program. However, it is clear from a sampling of SEAs and LEAs (Bullock, 1985) that few handicapped students are receiving recreation as a related service when undoubtedly many students need that related service to receive an appropriate education. As such it appears that there has been a significant breakdown of responsibility at all monitoring levels.

The Seventh Annual Report to Congress on the Implementation of the Education for All Handicapped Children Act (Department of Education: Office of Special Education Programs, 1985) examines the progress made in implementing the requirments mandated by the Education for All Handicapped Children Act (EHA) since its enactment in 1975 and provides a detailed examination of the activities during the 1983-84 school year. The Report indicates no problems of non-compliance of recreation as a related service. Yet, studies by Coyne, (1984) and Bullock, (1985) indicate conclusively that recreation as a related service is seldom being used to enhance the total education of handicapped children.

More substantive monitoring at the LEA, SEA and federal levels is necessary to ensure that handicapped children are receiving the most appropriate educational program. IEPs must be reviewed with an eye toward all available services which are needed to enhance a child's education.

An important first step in more comprehensive monitoring is a national study to determine the current level of implementation of recreation as a related service, and barriers to fuller implementation, including the development of action plans to ensure compliance.

The Role of Recreation in Education

The importance of play has been discussed by early educators and child development specialists. Dewey (1938) stated that "...the play life of a child must be considered an educative agent and that the child perhaps learns more and develops better through play than through any other form of activity." Piaget, Erikson, Sutton-Smith, Denzin and Kleiber all echo Dewey's bold contention.

In 1918 the Commission of The Reorganization of Secondary Education issued The Cardinal Principles of Secondary Education which states in part:

> "...every individual should have a margin of time for the cultivation of personal and social interests. This leisure, if worthily used, will recreate his powers and enlarge and enrich his life, thereby making him better able to meet his responsibilities..." (NEA, 1918)

Although the importance of recreation and leisure to total education has received new impetus in recent years, and PL 94-142 emphasizes its role in services to handicapped children, it is not a new idea. John Dewey said:

> "Education has no more serious responsibility than the making of adequate provision for enjoyment of recreative leisure, not only for the sake of immediate health...but for the sake of its lasting effect upon the habits of the mind." (Dewey, 1966)

In the late 1960's The United Nation's Educational, Scientific and Cultural Organization (UNESCO) adopted a charter for leisure. Article Six of that charter states:

> "Everyman has a right to the opportunity for learning how to enjoy his leisure time. Family, School and Community should instruct him in the area of exploiting his leisure time in the most sensible fashion." (Hawkins, 1975)

As can be noted from the foregoing sections, recreation influences and has an enhancing effect on all the major domains of development--psychomotor, social/affective, and higher order cognitive processes. There is little question that all students can benefit from the availability of recreational services. However, for exceptional students, the need will be more pronounced because of their special developmental disabilities. As noted by the National Advisory Committee on the Handicapped in its 1977 annual report, "It seems clear that no IEP can be considered complete unless it takes into consideration the handicapped child's special need for training and guidance in physical education and recreation, and the constructive use of leisure time. Few classroom teachers are equipped, however, even to evaluate such components, much less to help formulate them. The apparent alternative is to seek counsel from members of the school staff who have had professional training in these areas."

Instances of the Implementation of Recreation as a Related Service

Few state and local education agencies include recreation as a related service in their Comprehensive System of Personnel Development (CSPD), policies, administrative codes, training objectives, or on a student's individualized education program form. Without addressing the need for recreation services through these processes, it is impossible for children with handicapping conditions to receive appropriate and necessary recreation services as a part of their education.

The same principle was reaffirmed by Bellamy, 1984 and explicitly by Certo, Haring, and York (1984, p. 247) in their statement, "No IEP should be considered even minimally acceptable unless it contains an ILP (Individualized Leisure Program) component that addresses both immediate and longitudinal, comprehensive recreation and leisure needs in representative proportions." Unfortunately, leisure services have had relatively low priority in programs for handicapped persons, until recently when some specific leisure and recreation skill-training techniques (Schleien, Kiernan, & Wehman, 1981; Voeltz, Wuerch, & Wilcox, 1983) and leisure curricula (Bender & Valletutti, 1976; Wehman & Schleien, 1981; Wessel, 1976; Wuerch & Voeltz, 1982) were developed. The neglect of relevant programming and services for handicapped persons is particularly unfortunate because appropriate participation in leisure activities is an important aspect in their successful community adjustment (Bell, Schoenrock & Slade, 1975; Cheseldine & Jeffree, 1981; Eyman & Call, 1977; Gollay, 1981; Hill & Bruininks, 1981) and is associated with the development of collateral skills (Newcomer & Morrison, 1974; Schleien, Kiernan, & Wehman, 1981; Strain, Cook, & Apolloni, 1976) and the reduction of maladaptive behaviors (Adkins & Matson, 1980; Flavell, 1973; Schleien, Kiernan, & Wehman, 1981; Voeltz & Wuerch, 1981). Leisure and recreational activities provide handicapped individuals opportunities to experience and demonstrate autonomy and competence, to become more comfortable in interaction with non-handicapped peers. For handicapped persons to maximally participate in community leisure and recreation activities, specific leisure and recreation skill training in school environments which are community referenced, age appropriate, and based on the preferences of students with suggestions from parents is necessary. Following is a brief description of some of the few existing instances of the implementation of "recreation as a related service."

In Georgia "recreation as a related service" is written into students' IEPs in some segregated schools especially in DeKalb and Gwinett Counties. Therapeutic recreation specialists are providing services largely after school hours to students from ages 3-19 in an 11 month program. Services have been applauded by school boards and some new therapeutic recreation positions have been added to expand this total educational model.

In Kentucky and Indiana both mainstreamed and self-contained special education students received recreation as a related service as a part of Outdoor Education Programs. In both states these programs exist in university towns (Lexington and Bloomington respectively) and not throughout the state. Activities are chosen for each student specifically to help them meet IEP objectives. Both programs have impressive letters of support from parents, teachers, and participants. Both programs were originally begun with federal funds (USDE:OSERS) and continue presently without those funds.

In North Carolina recreation as a related service to assist in transition from school is written into IEPs of all secondary school special education students in Wake County (Raleigh), North Carolina. Therapeutic recreation is an integral part of pre-vocational transition programs in which emphasis is on whole life preparation not just work preparation. Longitudinal research is underway to determine the effectiveness of recreation as a related service of this transitional program.

In another project in North Carolina, community recreation personnel are being trained to include disabled students into their ongoing recreation programs. This will provide trained community-based personnel who can provide recreation services in the least restrictive environment as mandated in the law. This training will be field-tested and then disseminated in a self-instructional format throughout the United States.

In Chicago several of the suburban special recreation districts work cooperatively with nearby school associations for special education to conduct an extended school year program. This special education summer school program is an educational extension of the regular school program for students receiving special education services. Each student's educational goals are identified in an IEP and monitored by the Special Education Summer School staff. In order to afford a comprehensive summer program, a leisure education/recreation program component is incorporated during the five week summer program.

Project SELF - Special Education for Leisure Fulfillment developed at the John F. Kennedy Institute in Baltimore classifies leisure learning activities and related instructional materials for classroom use. The materials were designed to be infused into the students existing curricula to meet the objectives of the individual's IEP. The project was used in Portland, Oregon; Dallas-Ft. Worth, Texas; and Baltimore, Maryland and successfully infused into other special education curricula. Project SELF contends that development of community leisure independence must begin in the classroom in concert with community recreation personnel and parents.

In Milwaukee and other counties in Wisconsin partially because of the impetus of the community schools movement, recreation has been an important part of education for many years. In recent years, recreation has been written into IEPs of some students. This practice is slowly increasing however school officials are reluctant to expand these services because of budget constraints. As a result, recreation is not viewed as a necessary service to enhance special education rather as a frill or extra and not really part of the total education.

In New Jersey a federally funded United States Department of Education: Office of Special Education and Rehabilitation Services personnel preparation project is providing in-service training to regular and special education teachers on the meaning and implementation of recreation as a related service. Efforts are underway not only to include recreation in the IEP but to employ Certified Therapeutic Recreation Specialists. State Education personnel understand the importance of recreation as an essential part of a child's education, however, they are not utilizing "qualified personnel" as defined by subpart B of the rules and regulations. In order to maximize the benefit of this service, it must be delivered by those persons specifically prepared by bona fide therapeutic recreation programs.

Presently 15 universities receive funds from the USDE:OSERS:DPP to train therapeutic recreation specialists. This level of support is lower than it was in the early years of 94-142. In order to maintain enough well-trained therapeutic recreation specialists, it is essential that this level of funding be increased and earmarked especially for therapeutic recreation. During the years of federal support the training projects have produced high caliber graduates. A review of reports of graduated students reveals that well over 75% were working in areas commensurate with their training. Funds for research and demonstration have decreased to nearly nothing in recent years. Without funds to develop model programs and to conduct research, this related service category will continue to be underutilized.

According to the New Hampshire Department of Education, there are three therapeutic recreation specialists currently working within the state providing recreation as a related service. Only one of them (Portsmouth Junior High School) employs a Certified Therapeutic Recreation Specialist, so it is unclear if the other two are, in fact, "qualified personnel". Even in the best case scenarios, there are only three professionals providing this related service in New Hampshire. New Hampshire, however, seems to recognize the importance of leisure and recreation as a part of the overall education process. The Division of Special Education has given some 94-142 discretionary monies to conduct training workshops for teachers on how to integrate leisure education into the curricula for special needs children.

In Massachusetts a school did not include recreation as a related service even after the parent insisted. As a result, the parent would not sign the IEP and pushed the issue to a due process hearing, the "Tuttle vs Old Rochester Regional School District". The hearing ruled in the child's favor and she began receiving therapeutic recreation services. As a result of this exemplary hearing, it is hoped that she (and other children) will receive the services that are needed to provide the most appropriate education.

California, like Georgia, actually employs therapeutic recreation specialists to work in some of its special segregated schools. One county employs a therapeutic recreation consultant for the school district who monitors IEPs for the inclusion of recreation as a related service and assists in the implementation of the service when needed. Like Georgia, however, there are only a very small number of these related services personnel hired. Their personnel do seem to meet the "qualified personnel" requirement, however with only 4-5 therapeutic recreation specialists, the needs of the state are hardly met.

Oregon has had a long tradition of comprehensive and innovative special education services. Especially around the university towns of Eugene and Portland, cooperative arrangements between schools and recreation departments have long existed. In recent years, this arrangement has included IEP entries to ensure that a child gets the most appropriate education. With the recent emphasis on transition from school to work and adult life, recreation as a necessary related service has been an integral part of IEPs and transition plans. Again, this practice is not as widespread as it needs to be to provide all students the most appropriate education. Some students in Minnesota are also beginning to receive recreation as a related service to augment special education and adapted physical education. With the impetus from the University of Minnesota (Minneapolis) some students are receiving specific leisure and recreation skill training as an important aspect of community adjustment.

Texas children continue learning through recreation activities. Hearing impaired children had fun learning and improving skills through a community-based therapeutic recreation program in Dallas this past summer in the

Cooperative Summer School Leisure Education Program. The course focused on leisure education as an integral component of the Individualized Education Program (IEP). Children learned how, through leisure, to read, write and communicate. Set up as a one-time event, the program received such an overwhelmingly positive response that it is being redesigned as a year-round program. More than 40 hearing impaired children participated with children who were not hearing impaired in activities at the recreation center. Leisure offered an informal medium for gaining educational skills.

There are undoubtedly other programs that effectively utilize the full spirit and intent of the law to provide a complete education for all children. Although quite a few states are represented, it is clear that most students in those states do not benefit from "recreation as a related service." To insure the expansion of these services so that more handicapped students will benefit from recreation as a related service, there must be funds available to train qualified personnel, to conduct research to document the long and short term benefits of the service, and to develop replicable model programs. Without these emphases and proactive responses, handicapped students will not receive the most appropriate education.

Summary of Recommendations

It is clear that recreation/leisure is an essential part of the lives of all people. It is also clear that "recreation as a related service" is an important part of the total education of many handicapped children even though it is seldom being written into IEPs and subsequently used to assist a child to benefit from special education. The NTRS/ATRA/NCPERH Legislative Coalition urges that the related service provision remain as it exists in the law and that the service be more actively and aggressively implemented so that the total educational needs of handicapped students in the United States can be served.

In order to ensure that this provision of the law is used whenever necessary the NTRS/ATRA/NCPERH Legislative Coalition on Therapeutic Recreation recommends that:

1. A comprehensive needs assessment be completed to determine:
    a. if the recreation/leisure needs of handicapped students are adequately being met
    b. if recreation as a related service is being written into IEPs
    c. if written in IEPs, is the service being implemented by a certified therapeutic recreation specialist as required by the EHA rules and regulations
2. More thorough monitoring of "recreation as a related service" be conducted at the federal, state, and local levels.
3. Qualified personnel (as defined in Subpart B of the rules and regulations for the EHA, in sections 121a.126(b)2 and 121a.382(a)3) deliver recreation as a related service.
4. Federal financial assistance is available to:
    a. train therapeutic recreation specialists to assist in the implementation of "recreation as a related service" as authorized by the EHA
    b. conduct efficacy research to determine the benefits of this related service
    c. conduct model programs which can be replicated throughout the United States

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STATEMENT ON

SECONDARY EDUCATION AND TRANSITION SERVICES FOR YOUTH

REAUTHORIZATION OF DISCRETIONARY GRANTS
EDUCATION OF THE HANDICAPPED ACT

BEFORE THE
SUBCOMMITTEE ON THE HANDICAPPED
UNITED STATES SENATE

Presented by Paul Weckstein, Director of Washington Office

Thank you for this opportunity to provide testimony on the reauthorization of the Education of the Handicapped Act. We would like to focus our testimony on the program for Secondary Education and Transitional Services for Youth (Part C, Section 626).

Coordination with Other Legal Mandates

The goals of this program are very important. The needs of handicapped youth for appropriate, quality programs at the secondary level remain substantial. The resources provided by Section 626 will never alone be anywhere near adequate to meet these needs. The reauthorization process therefore should be seen as an opportunity to view Section 626 in relation to other provisions of the law which have a bearing on secondary school education in order to meet the program's goals.

As recognized in the House committee report accompanying Public Law 98-199, this discretionary program is aimed at problems which actually reflect a failure by school districts to implement fully the mandatory provisions of **Part B**: "It has come to the attention of the Committee that in many parts of the country, local school districts fail to provide adequate evaluations and individualized education plans for secondary handicapped students." (H.Rpt. No. 98-410, p. 30. See also the Senate committee report, S.Rpt. No. 98-191, p. 27-32.)

First, many handicapped students lose their special education programming altogether as they move from elementary to secondary school, as reflected in the continued dropoff in the proportion of students counted as handicapped and receiving services after the elementary grades. Second, the specific requirement in Part B that vocational education specifically designed to meet the child's unique needs be included in the IEP when appropriate -- a requirement which would presumably apply to virtually all handicapped youth who do not wish to enter a baccalaureate program after high school -- is far from being implemented for many non-college-bound students, even when they do have an IEP.

These two areas of failure to provide any programming at all, of course, arise before we even reach the issue of the failure to provide programs, both in academic and in vocational areas, which are appropriate and in the least restrictive environment. Many of those who do have programs do not receive the services required to overcome the barriers to allow them to achieve academically on the same basis as other secondary students (as reflected in educational attainment and achievement); instead, their programs are often built around an unvalidated assumption that these students are not capable of learning the same academic material as others with special help. At the same time, those who receive vocational services are often grossly underrepresented in the prestige programs and shunted into inferior or segregated programs (the latter sometimes in the name of separate, "transition" programming).

The vocational part of this programming failure also involves violations of two other laws, in addition to the Part B violations. First, the **Vocational Education Act** has specific requirements for ensuring that all handicapped students have equal access to high quality vocational programs and the special services needed to allow them to successfully participate in those programs.

Second, the **Office for Civil Rights Guidelines for** Eliminating Discrimination and Denial of Services on the Basis of Race, Color, National Origin, Sex and Handicap in **Vocational Education Programs** (34 C.F.R. Part 100, Appendix B, **implementing Section 504**, Title VI, and Title IX), set out specific standards for determining when underenrollment or overenrollment of these populations in particular programs constitutes a violation of those civil rights laws. Those standards have not been systematically enforced.

Obviously, a $6 million program, important as it is, cannot substitute for compliance with the mandates of Part B, the Vocational Education Act, and Section 504. To ensure that there is compliance, while also maximizing the impact of Section 626, Congress should therefore:

- Reemphasize the need for state and local compliance with these requirements for all handicapped youth, regardless of whether they are residing in districts with Section 626 projects, and Department of Education responsibility for enforcing those requirements;
- Undertake a thorough examination of the state of compliance with these three related sets of requirements and the Department's past record and future plans for enforcement;
- Insist upon full implementation of the data collection necessary to identify the problems and measure progress, such as the Vocational Education Data System (VEDS) data required under the Vocational Education Act concerning handicapped persons served by that act -- Congress should inquire into the status of this and other needed data systems (such as the Office for Civil Rights survey of vocational schools for purposes of enforcing Section 504, Title VI, and Title IX);
- Consider changes in Section 626 to more directly coordinate the research, model programs, strategies, and procedures developed through this section with plans for improving state and local compliance with Part B and the other legal mandates;
- Ensure that transition programs funded under Section 626 or other sources are directed at providing programming in the least restrictive environment.

Integrating Academic and Vocational Needs

Congress should also reassess the balance in Section 626 between academic and vocational concerns. The need for high quality programs for transition to meaningful, well-paying work cannot be overemphasized. At the same time, however, it is important to avoid assumptions that handicapped youth are any less entitled than other youth to high quality academic education, including the kind which allows them to move into high quality postsecondary education. A balance of research and model development is particularly important in that the natural tendency is to steer handicapped youth into programs which have already been developed, and if those programs in particular localities are all models for vocational transition, there will be less attention paid to whether a particular student could benefit from improvements in his or her academic program. Efforts to determine the appropriate balance in Section 626 should of course be hinged upon a careful evaluation of the extent of compliance with Part B, both in academic and vocational programming, as noted above.

One other effort which would help reduce this conflict between academic and vocational needs would be Congressional insistence on full implementation of an important provision in the Vocational Education Act, specifically designed to integrate the two concerns. The Conference Report accompanying the Act states:

> "In assessing the capability of programs for special needs groups and the general vocational student population in meeting general occupational skills and improvement of academic foundations, states shall assess whether the programs use problem solving and basic skills (including mathematics, reading, writing, science, and social studies) in a vocational setting. It is the intent to give a student experience in and understanding of all aspects of the industry in which the student is preparing to enter." (H.Conf.Rpt. No. 98-1129, item 213, emphasis added.)

This assessment requirement is key to the Act, in that the state plans are then supposed to address the needs revealed by the assessment. The two elements of this particular provision are designed both to ensure that vocational programming does not track students out of academic skills and to provide broad, transferrable skills for their ongoing employability and active participation in running their communities' economic enterprises, instead of narrow training for dead-end or quickly obsolete jobs. (For more on its significance, see also Congressional Record, p. S 12959, 10/3/84, statement of Sen. Edward M. Kennedy). Yet, this requirement is adequately reflected neither in the majority of states' plans nor in the Department's own regulations. The concern that led to the passage of Section 626 should thus be translated into an insistence on full compliance here as well.

Parent and Youth Involvement in Transition Programs

Finally, Section 626(d) requires each grantee to provide for the direct participation, to the extent appropriate, of handicapped students and their parents in the planning, development, and implementation of the projects. This provision has received very little attention. The Department should be asked to report on the implementation of this provision. Congress should consider strengthening the provision, both through assigning an important role to this requirement in the application process and through spelling out in more detail criteria for effective involvement (research studies have regularly found that parent involvement of this kind does not occur in the absence of more specific mandates). On the latter, the requirement could address such issues as:

- the need for such participation to be full and systematic over the course of the entire project, including in the process of developing the project application itself;
- the opportunity for parents and youth to meet at the beginning of the process to participate in establishing the methods for their ongoing participation;
- the need for those parents and youth to receive adequate information and assistance in understanding it in order to effectively participate;
- the need to specifically address the participation of those groups which have traditionally been underrepresented in educational planning and implementation, in terms of race, income, or language background.

Program quality and effectiveness will be improved if parents, in addition to participating in the design of their children's individual programs, take an active role as a group in the planning and implementing of the overall project design which forms the context for those individual programs. Further, it is particularly important for handicapped youth, who are expected to be moving toward adult independence, to play a significant role in shaping the activities and programs which affect their lives.

NARF

NATIONAL ASSOCIATION OF REHABILITATION FACILITIES

John E. Lapidakis
President

John A. Doyle
Executive Director

STATEMENTS SUBMITTED BY THE

NATIONAL ASSOCIATION OF REHABILITATION FACILITIES

TO THE

SUBCOMMITTEE ON HANDICAPPED
COMMITTEE ON LABOR AND HUMAN RESOURCES
U.S. SENATE

REGARDING

THE EDUCATION FOR ALL
HANDICAPPED CHILDREN ACT, P.L. 94-142

P.O. Box 17675, Washington, D.C. 20041 • (703) 556-8848

Mr. Chairman:

This statement is submitted by the National Association of Rehabilitation Facilities (NARF) for inclusion in the hearing record of the Subcommittee's consideration of legislation to extend certain programs under the Education for all Handicapped Children Act. P.L. 94-142. NARF is the national voluntary membership organization of community-based rehabilitation facilities. Our members serve over 500,000 persons with disabilities annually. They include vocational/developmental centers, free-standing rehabilitation hospitals, rehabilitation units within general hospitals, and comprehensive outpatient rehabilitation facilities serving both the vocational and medical needs of persons with disabilities. Many of these facilities, particularly the vocational and developmental centers and comprehensive outpatient facilities work with the local school districts and serve a number of children with disabilities.

We applaud the Subcommittee's examination of the Education for All Handicapped Children Act. This landmark legislation passed over 10 years ago has proven to be the national mandate for assuring that handicapped children of school age, and in some cases, younger ages, receive a free and appropriate public education. This act was one of the milestones in the civil rights decade for the disabled, the 1970's. It has proven to be wise legislation on the part of the Congress and I am certain it is applauded by many children who have now graduated from a public school and by their parents and colleagues in their communities.

As this Committee turns to an examination of P.L. 94-142, our statement focuses on an area not completely addressed in the initial legislation. That area is provision of services to preschool handicapped. Under current law, a state participating in the act is required to assure that a free appropriated public education is available to all handicapped children between the ages of 3 to 21. However, the law provides that with respect to children ages 3 to 5 and ages 18 to 21, the requirements are not applicable if they would be inconsistent with state law or practice or a court order regarding public education within those age groups in each state. As a result, the coverage services to children ages 3 to 5 varies depending again on state law.

We believe that strengthening the law to require or promote incentives to serve children in age groups 0 through 2 and 3 to 5 are justified on social, moral and ethical grounds. Our society has sought to serve and provide the best for disabled children and their families, particularly if such services will have a materially positive effect on the child or the parent's ability to cope with the child's handicap. Provision of early services may resolve some problems presented by an impairment before they become disabling and in other cases prevent related developmental problems from ever appearing. Research findings show that children with preschool educational experiences have better achievement in regular school than those without such experiences and may not require special education in later years. The net result would be that public investment in preschool programming would result in substantial cost savings in the long run in terms of lower educational and social cost and increase tax revenues from the later employment of these disabled children.

Studies have been conducted to measusre the benefit of preschool programs for these children. Several of these findings have observed that children who participate in early intervention programs have greater developmental progress than children who do not. Other recent studies of individual programs found cost savings from early intervention by preschool services for handicapped and disadvantaged children but to date no broad-based national analysis of cost benefits has been undertaken. While we would concur that these results may show a mixed picture, it is difficult to believe that early intervention with services for the youngest of disabled children cannot, in the long run, be beneficial for them, their family and the overall social community.

Current federal programs which have as their main focus serving these age groups include states that participate in P.L. 94-142 and serve down through the age of three, the preschool incentive grant program, the P.L. 89-313 program for children in institutions, Head Start, the Developmental Disabilities program, the Maternal and Child Health Block Grant, Medicaid, and Title XX.

These are a series of programs that provide a variety of educational, medically and social services which effect preschool for the handicapped. However, in many instances they may not be coordinated to focus on the speical needs of this special population. Several of the states on their own initiative have undertaken to mandate an age of eligibility for preschool special education services. Seven states mandate service from birth. These include Iowa, Maryland, Michigan, Nebraska, New Jersey, South Dakota, and Oregon. Virginia mandates services from the age of two. Fourteen states mandate services from age three, and four states mandate services from the age of four. Fifteen states mandate services from the age of five. It should be noted, however, that while these states mandate services from early ages, in some instances, the services are mandated only for children who have very specific inpairments, such as visually and hearing impaired or deaf/blind or educationally/mentally handicapped.

We applaud those states that have taken the initiative to serve children in these early age groups. We believe that now is the time for the federal government to aid such states both financially and programmatically in assuring a full complement of services to this age group. Various issues must then be resolved in terms of who the children are to be served, funding to be provided to the states for such services, and how such service delivery is to occur at the local level.

Specialists in the field would note that identifying all children with handicaps in the age group 0 through 2 can sometimes prove difficult. Those children who have obvious physical or developmental anomalies are quite evident. These children are referred to by specialists in the fields as those with "established" impairments and those "at risk" or having a disability or developmental delay. An established risk is one whose early appearing and aberrant development is related to diagnosed medical disorders with well known expectancy for developmental outcomes within specified ranges of developmental delay. A typical example is a child with Down's Syndrome. Biological at risk children are those with a history of prenatal, perinatal, neontal and early events which suggest biological problems to the development of the central nervous system which individually or collectively may create the probability of later arrested development. A typical child with a biological risk is a low birth rate child.

A third group and somewhat more controversial in these discussions is the environmentally at risk child. These are biologically sound infants for whom early life expectancies include maternal and family health care opportunities for expression and patterns of physical and social simulation which are sufficient but without corrective intervention may impart a high probability of delayed development. A typical example is parental age developmentaldisability of a parent or parental substance abuse or dependancy.

Starting at about the age of three, a child's other more subtle disabilities of an educational and emotional nature are easier to identify. Many handicapped children needing services would have characteristics of those qualifying for special education under one definition already included in the law. The service needs of the age group three to school age may be more typically educational in nature with service needs focused on language, speech, emotional and learning development. The zero through two age group's service needs include more medical management involving the intervention of physicians, nurses and physicial, occupational, speech and other qualified therapists.

We believe that both groups can be appropriately served within the context of the law. To do so, of course, adequate funding must be made available to the states and to local agencies with responsibility for such services. We recommend that the funding formula under Part B law be amended to provide additional funds in the marginal increase in funding needs for mandate services to all children starting at the age of three. To do so would provide the states the financial incentive for providing the full range of services needed by this particular age group.

With respect to the youngest age group, zero through two, we would recommend that the Committee consider an amendment to the existing preschool incentive program block grant to provide that the state will provide special education and related services to handicapped children age zero to three inclusive and assure that such children are to be counted for purposes of funding under Section 611. We recommend that the funding for the incentive grant program be separately established and not included in the formula grant program.

Additionally, we recommend that the definition of related services in Section 602 be added to note that for the age group birth to two related services will include medical management, diagnostic and therapeutic medical services when provided by an appropriate public or private nonprofit or for-profit inpatient or outpatient rehabilitation facility.

We make this last recommendation, Mr. Chairman, in order to help local state agencies provide services to these age groups. Existing community-based rehabilitation facilities are well equipped to provide services of this nature to age groups. It would be cost beneficial for local educational agencies to be required to contract with existing providers to provide such services and not to seek to duplicate services existing in the community.

Furthermore, Mr. Chairman, we continue to encourage research on the effects of the provision of services to children from the age of birth. We conclude by saying that a free appropriate public education provided to children starting at birth will be, in the long run, a cost effective investment for our country, the children in question, their families and our society at large.

We stand ready to work with you in implementing these recommendations.

Consortium for
Citizens with
Developmental
Disabilities

For More Information Contact:

Victoria Raskin 783-0125
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Mr. Chairman, the Consortium for Citizens with Developmental Disabilities Education Task Force wishes to submit the following statement on the Reauthorization of discretionary programs in the Education for the Handicapped Act. The CCDD Education Task Force is comprised of a number of major national organizations who are concerned about the provision of quality special education and related services to our nation's 4.5 million children who are disabled. Our organizations represent teachers, parents, administrators, university professors, providers of related services who work on behalf of children and youth with handicaps. We share a commitment to the full reauthorization and implementation of the discretionary programs of the Education for the Handicapped Act, as amended by P.L. 98-199.

Significant progress has been made in the past decade towards the provision of a free and appropriate education for all children, regardless of their handicapping condition. However, some states have failed to fully implement a full range of research and services under this Act. As the Committee considers the reauthorization for discretionary programs under EHA, we wish to identify the following areas for potential improvements: parent-training centers, early intervention, post-secondary and transition, personnel preparation and recreation.

EARLY INTERVENTION

The Subcommittee has expressed an interest in reducing the mandatory age at which services must be made available to children with handicaps in each state under P.L. 94-142 from the current five years to birth. We applaud the Committee for its continuing interest in the needs of very young children with handicapping conditions. The earlier their conditions are therapeutically addressed, the greater the potential for reducing or totally eliminating the child's handicap. We have as our goal that ultimately all children from birth upward will have available to them quality therapeutic, educational and social services to enhance their lives and contribute to their full development into independent and productive adults.

The reduction of the mandatory age for the onset of educational and related services to birth is a priority we all share. In pursuing this issue the Task Force urges the Subcommittee to take into account the considerations unique to this issue.

Many states have initiated programs of early intervention to treat, ameliorate and prevent handicapping conditions in children aged zero to three. There is no uniform approach to this programming. The efforts take on different administrative and structural forms within the states. Some programs operate through the state Departments of Education; others are administered through the Health Departments; many utilize interagency committees with one or another department as the lead agency. Some finance their programs primarily with state education funds, with some federal categorical funding, through Pre-School Incentive Grants and Maternal and Child Health funds. Others are seeking broader funding arrangements through integration of the Medicaid Early and Periodic Screening, Diagnosis and Treatment program with state resources. Some state programs apply only to children with established handicaps; others are reaching out to children with known biological risks and children who are environmentally at risk of developing handicapping conditions.

When we examine the broad array of such program structures, ranges of services, financing arrangements, not to mention major differences from state to state in the availability of trained therapists and educators, interagency cooperation between educational, medical and social services becomes imperative if needed services are to be provided in a cost effective way. A mechanism should be created for developing comprehensive plans for improving interagency coordination for young children with special needs. States currently mandating services from zero to three should be carefully reviewed for recommendations as to appropriate educational programming.

The Education Task Force believes that this priority would have a positive long range impact on the development of comprehensive educational services for young children with handicaps. Lowering the mandatory age of services without increased federal funds would result in a dilution of the quality of existing programs for school age children. We feel the cost of not expanding the Act, in the long run, will be even greater. Significant tax savings will occur because of reduced special education expenditures later on. As was pointed out in Congressional testimony heard by the Select Committee on Children, Youth and Families in April 1985:

> Prevention Saves Money And Keeps Families Together
>
> "In-home care for a severely disabled child costs $7,000 to $8,000 per year, compared to $38,000 to $40,000 annually for institutionalizing that child. (Disability Rights Education and Defense Fund, 1985)
>
> "If intervention for handicapped infants is delayed until age six, education costs to age 18 are estimated at $53,350. If intervention services begin at birth, education costs are estimated at $37,272. Total savings: $16,078 (U.S. Dept. of Education, 1985).

"For every $1 invested in high quality preschool programming, there is a $3 reduction in public special education costs. (Schweinhart and Weikert, 1980)

"A Colorado study which analyzed the cost-effectiveness of a quality preschool program found a cost-savings of $2,000 per pupil in averted special education services. (Weiss, 1981)"

PARENT TRAINING

The Task Force also wishes to recognize the importance of strengthening the parent training structure. We strongly support the projects across the country which have been instrumental in providing assistance to parents and families of children eligible for services under the Act. The Parent Training and Information Centers continue to operate as local self-help resource centers, providing a strong foundation for the development of positive approaches for parents as they seek to advocate on behalf of their children. The Centers enable parents to become effective in their advocacy. The strength of these programs is that they are to be operated by parents for parents providing a unique system of peer support that is especially sensitive to the psychological, social and educational needs of parents with children of school age with disabilities.

We have grave concerns that currently 15 states and two territories do not have a Parent Training and Information Project. The Task Force recommends that Parent Training Centers operate nationwide. We also recommend that the Secretary ensure that these grants be distributed geographically with at least one grant awarded in each state. Likewise, the Secretary should ensure that the grants reflect the demographics of each state.

It is important that parents not only understand the provisions for the education of handicapped children under part B of the Act but also understand the administrative procedures available under Section 615 and effectively participate, if they wish to, in the due process hearing and impartial review process. The Parent Training and Information Centers can best serve parents to better understand this process as well as assist them to participate in the process.

We urge reauthorization of Section 631(c)(1) which authorizes the Secretary to make grants through a separate competition to private nonprofit organizations for the purpose of providing training and information to parents of handicapped children and volunteers who work with parents.

The Task Force also recommends that parents be involved in designing transitional programs in order to strengthen the crossover of education into employment. Section 626(d) requires each grantee to provide for the direct participation, to the extent appropriate, of the students and their parents in the planning, development and implementation of the projects. The

Congress should consider strengthening this provision, which to date has received little attention, by addressing issues such as the need to involve parents throughout the project from the development of the application on. Parents should receive adequate information and assistance in understanding the program; this assistance is especially needed for those groups which have been traditionally under represented in educational planning and implementation, in terms of race, income or language background.

POST-SECONDARY AND TRANSITIONAL PROGRAMS

In 1983, P.L. 98-199 created a provision to assist students with disabilities to prepare for employment, independent living and post secondary education.

Under the post-secondary section an issue for students wishing to pursue a college education is the opportunity for quality academic opportunities in high school programs. It is important to avoid assumptions that youth who are handicapped are any less entitled to a strong academic education. The law should be designed to ensure that vocational programming does not track students out of academic skills. These needs should be reflected in the state plans and in the Department's regulations and the Subcommittee should take action to guarantee high academic standards for these students' work. Likewise, the law should reflect the fact that post-secondary programs are not only university related but also include other vocational training program following high school graduations.

As recognized in the House Committee Report accompanying the adoption of Part C, Section 626, the Secondary Education and Transitional Services for Youth, this program was aimed at failures by school districts to implement fully the mandatory provisions of Part B for secondary students: "It has come to the attention of the Committee that in many parts of the country, local school districts fail to provide adequate evaluations and individualized education plans for secondary handicapped students." (H. Rpt. No. 98-410, p. 38. See also the Senate Committee Report, S. Rpt. No. 98-191, p. 27-32.)

Statistical information reflects a continuation of this problem. First, there is a sharp drop-off in the proportion of students receiving secondary special education services indicating that many students with handicaps lose special programming as they move out of elementary school. Secondly, vocational educational goals are not showing up enough in the IEPs, even though there is such specific requirement in Part B of the Act. A third consideration is the appropriateness of what vocational programs are available for youth with handicaps. Often, the children with handicaps who receive services are shunted into inferior or segregated programs. There are now large numbers of young people leaving 94-142 with no vocational opportunities.

In 1985 Assistant Secretary Madeleine Will identified transitional services as a top priority for OSERS. The Task Force endorses this action and urges the Subcommittee to consider ways to strengthen the current law.

In considering implementation of transitional and post-secondary programming under EHA, the Subcommittee should look at the broader scope of federal resources and possible ways to strengthen coordination of all available services. Cooperative activities with state rehabilitation agencies certainly expand the capabilities of both education and rehabilitation programs designed to move young people from school to work. Likewise, the Carl Perkins Act authorizes vocational programming that could be very important to this effect. The Task Force emphasizes the legal protection of educational rights in law and urges the Subcommittee to encourage the full use of this protection when necessary.

PERSONNEL PREPARATION

In the area of personnel preparation, the Task Force has two concerns. It was the intent of Congress that children with handicaps be provided appropriate special education and related services from qualified providers and professionals. The regulations interpreting the law deferred to the state the issue of who is qualified to provide such services. Unfortunately, not all states have adopted standards that are in keeping with the educational needs of children with handicapping conditions. As a result, many children are receiving services from individuals who are not adequately qualified. We have a concern that this lack of consistent standards for certification has created a vacuum in some states for our nation's special education programs. Thus, we suggest that states look to professionally accepted levels of accreditation criteria as a minimum for employment in P.L. 94-142 programs.

The availability of competent teachers and specialists is critical to the educational needs for all children. The need for the reauthorization of Part D of the Act is based upon well documented shortages of personnel involved with educating children with disabilities. The shortages are nationwide with the number of new graduates insufficient to meet the demands. This is especially true in the field of early childhood services. As the field of early intervention has matured, it has become apparent that training must be more closely structured to address the level of severity of the disability. The younger the child and/or the more disabling the condition, the more extensive is the professional training necessary for appropriate intervention. Explicit knowledge of infant growth and development, medical conditions, specialized treatment and teaching techniques are very important to the success of these programs. The Task Force recommends that the Subcommittee hold firm on the need for strong personnel preparation programs, especially in the face of Gramm-

Rudman reductions.

RECREATION

Another area that we ask the Subcommittee to focus on is recreation within the educational system. There is little question that all students can benefit from the availability of recreational services. However, for children and youth with handicaps the need will be more pronounced because of their special developmental disabilities. Few state and local education agencies include recreation as a related service in their Comprehensive System of Personnel Development (CSPD), policies, administrative codes, training objectives, or on a student's individualized education program form. Without addressing the need for recreational services through these processes, it is impossible for children with handicapping conditions to receive appropriate and necessary recreational services as a part of their education.

In order to deliver appropriate recreational and leisure services to special education students, the Task Force makes several recommendation's.

Educators' awareness of potential contributions of recreation should be increased through in-service training.

Assessment for recreation should be bridged with already existing comprehensive pupil assessment procedures.

Recreational and leisure services should be implemented through the IEP and provided as much as possible with peers who are not handicapped.

Certified Therapeutic Recreation Specialists should be "qualified personnel" to deliver recreation as a related service and/or to assist school personnel in the delivery of services.

Finally, the Task Force wishes to bring to your attention the Section 6 Schools. These schools were established in 1950 to provide an education to children of military personnel of federal employees in the continental United States and Puerto Rico.

SECTION 6 SCHOOLS

According to testimony presented before the Subcommittee, Section 6 Schools feel they are providing appropriate special education services to children with handicaps. However, a report on "Special Education in Section 6 Schools" (May 1984, Fort Stewart Schools, Georgia), which describes the result of a survey sent to the other 17 Section 6 Schools, shows how little the administrators of these programs understand about P.L. 94-142.

The CCDD Education Task Force feels that Section 6 Schools should be required to follow the P.L. 94-142 mandates, thus guaranteeing appropriate educational services for the children and youth with disabilities that fall within their jurisdiction. We urge the Subcommittee to include an amendment adding such a mandate with your Reauthorization of the Act.

The American public is spending over $1 billion on P.L. 94-142 in 1986. We are sure the Subcommittee joins us in our desire to see this money buying the best possible educational services for all children and youth with handicapping conditions. As the Subcommittee moves forward with this Reauthorization, we urge the members to allow the progress we have made over the past decade to continue and expand.

We thank Chairman Weicker and the Subcommittee members for the opportunity to make our comments a part of the Record.

The following members of the CCDD Education Task Force endorse this testimony:

American Academy of Child Psychiatry
American Association of University Affiliated Programs
American Association on Mental Deficiency
American Foundation for the Blind
American Occupational Therapy Association
American Physical Therapy Association
Association for Retarded Citizens
Conference of the American Institute of the Deaf
Conference of Educational Administrators Serving the Deaf
Disability Rights Education and Defense Fund, Inc
Epilepsy Foundation of America
Mental Health Law Projects
National Association of Protection and Advocacy Systems
National Council on Rehabilitation Educators
National Easter Seal Society
National Head Injury Foundation
National Rehabilitation Association
National Recreation and Park Association
National Society for Children and Adults with Autism
Spina Bifida Association of America
The Associations for Persons with Severe Handicaps
United Cerebral Palsy Associations, Inc.

TESTIMONY
EARLY SERVICES FOR YOUNG HANDICAPPED CHILDREN

My name is Joan Turner Clary and I am the Early Childhood Special Education Consultant with the Iowa Department of Public Instruction. My testimony is being presented on behalf of thousands of young handicapped children and their families in the United States and territories and as a tribute to all of the individuals who have worked so hard to bring the early services system to its present level.

In 1974, the Iowa Legislature enacted S.F. 1163, which completely revamped special education programs and service delivery systems. Included in that revision was the requirement that special education provisions be made for all handicapped children from birth to 21 years of age. The section of the legislation establishing the population to be served reads as follows:

> "281.2 DEFINITIONS
>
> 1. "Children requiring special education" means persons under twenty-one years of age, including children under five years of age, who are handicapped in obtaining an education because of physical, mental, communication or learning disabilities or who are behaviorally disordered, as defined by the rules of the department of public instruction."

Iowa's handicapped children have now benefited from that mandate, and the ensuring decision to fund that mandate, for more than ten years. With these two decisions, policy makers laid the foundation for one of the most cost efficient and comprehensive early service systems for young handicapped children in the nation. It seems that time does not change some things, those two components, a legislative mandate and funding, are still the needed ingredients for the establishment of early services for young handicapped children.

In Iowa, the handicapped population from birth to twenty-one is served under the same rules and regulations: Part B, Education of the Handicapped Act; Iowa Code, Chapter 281; and Iowa Rules of Special Education. We are currently serving, through the downward extension of the special education model, just under six thousand handicapped children who are below the age of six This represents approximately three percent of our census population from birth through age five. The programs and services for children from birth must be in compliance with all federal and state education regulations and are subject to the same due process procedures. The special education model provides services via local and regional education agencies which are highly visible to the parent consumers, Head Start and to health and social services. I feel the children in need of services are being identified and that they will receive those special services anywhere in Iowa their parents chose to live.

Recent amendments to the Education of the Handicapped Act have provided an opportunity through the State Planning Grant for states to assess their resources and needs and to improve interagency coordination of services for young children. Although the funding is minimal, it is encouraging states to do long range planning. I consider the legislative modification contained in P.L. 98-199 to be well conceived and feel it will have a very positive long range impact on the development of comprehensive services for young handicapped children.

Funding of early services for the handicapped presents many problems. States are currently not allowed to count, for generation of federal funds, those children below age three who are receiving services . If the states could count the children below age three, these children would then be included in the twelve percent maximum for special education pupils which states are allowed for the generation of funds. These factors actually provide a disincentive to the states to spend funds on children below age three. Within the discretionary funds there are a variety of methods for distribution of allocations such as: by specific disability; severity of handicapping condition; by model demonstration project; by research; or by outreach. I feel that I represent the early childhood state education coordinators when saying that every effort should be made to combine these funds in such a manner as to provide equal opportunities and avoid fragmentation and duplication of costs of administration. We are all aware that in addition to planning for new programs and establishing service mandates, financial resources will be necessary. Early childhood programs must be considered a priority for funding. Until state and local constituencies become aware of, and place more value on the needs of young children, I feel federal funding which is directly tied to young children with handicaps is imperative.

States face many barriers in establishing the networks of integrated services which are needed for young children. We stand ready to accept that challenge, but we need your help! We face changing attitudes regarding the importance of early intervention for the young handicapped. Old stereotypes such as "nothing can be done for those children" or "just take them home and love them" must be changed. School administrators oftentimes do not relish having young children in their programs, especially those who are not toilet trained. Preservice and inservice training of staff requires tremendous fiscal and human resources. The interagency bonds must be strengthened and lines of communication improved.

The list could continue. The point remains, even with the expansion of a federal mandate to begin providing services to the handicapped from birth, it will probably take ten years to establish a national comprehensive service delivery system which would even come close to what should be available to meet the needs of the young handicapped population. How long must our children wait?

JOAN TURNER CLARY, CONSULTANT
EARLY CHILDHOOD SPECIAL EDUCATION
IOWA DEPARTMENT OF PUBLIC INSTRUCTION

DATE

HEARING ON REAUTHORIZATION OF THE EHA DISCRETIONARY PROGRAMS

Subcommittee on the Handicapped

Committee on Labor and Human Resources

United States Senate

Prepared Statement

of the

NATIONAL CONSORTIUM ON PHYSICAL EDUCATION AND RECREATION FOR THE HANDICAPPED

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January 24, 1986

NATIONAL CONSORTIUM ON PHYSICAL EDUCATION AND RECREATION FOR THE HANDICAPPED

PREFACE

The National Consortium on Physical Education and Recreation for the Handicapped is an organization which promotes, stimulates, encourages, and conducts professional personnel preparation and research in physical education and recreation for the handicapped. The National Consortium on Physical Education and Recreation for the Handicapped provides public information and education, promotes the development of programs and services, and disseminate professional and technical information to its membership.

The National Consortium on Physical Education and Recreation for the Handicapped succeeded the National Ad Hoc Committee on Physical Education and Recreation for Handicapped Children and Youth, formed in 1973; serving as a means of assuring the continuation of the pursuit of the aims, activities and services of the committee on behalf of the physical education and recreational needs of the handicapped.

The National Consortium on Physical Education and Recreation for the Handicapped consists of practitioners and professionals who represent numerous institutions of higher education and the nations public and private school systems. National leadership in adapted physical education and therapeutic recreation have had and continue to hold membership in the Consortium. The NCPERH is the only national organization which represents the professional areas of physical education and recreation for the handicapped as specified in its charter and by-laws.

PREPARED STATEMENT OF THE NATIONAL CONSORTIUM ON PHYSICAL EDUCATION AND RECREATION FOR THE HANDICAPPED

by

Louis Bowers, Ph.D.
President:NCPERH
Tampa, Fla.

and

Michael W. Churton Ed.D.
NCPERH:Legislative Chair
Boone, N.C.

The National Consortium on Physical Education and Recreation for the Handicapped is honored for the invitation to appear before the Senate Subcommittee on the Handicapped and offer testimony to the fact that physical education has not been adequately nor comprehensively addressed as specified within the EHA statutes. The NCPERH membership has been responsible for the most part for the development of personnel and research programs in the area of physical education for the handicapped and has witnessed the effect of non-compliance in physical education since 1975.

It is with this written testimony that the NCPERH formally requests the opportunity to appear before the public hearings during the reauthorization and reappropriation of the EHA conducted by the Senate Subcommittee for the Handicapped.

It is the opinion of the NCPERH that reasons for non-compliance with EHA statutes concerning physical education are multifaceted and directly effect the psychomotor needs of the nation's 4.3 million handicapped children. Evidence is presented in this testimony that clearly delineates the specific reasons why handicapped children are not receiving an appropriate physical education program.

It is the intent of this written testimony to document for the Senate Subcommittee for the Handicapped that handicapped children are not receiving appropriate physical education programs and to convince the committee that changes need to be made in order for handicapped children to receive the full spirit and the intent of The EHA discretionary programs relative to physical education.

The testimony is presented in three distinct parts. Part I focuses upon the justification for appropriate physical education services for the handicapped. Part II evidences specific areas of EHA where physical education for the handicapped has not been comprehensively addressed and which has resulted in handicapped children being denied appropriate physical education services as mandated by The EHA. Part III offers the recommendations and EHA proposed statutory revisions that the NCPERH feels would effectively and positively change the status of physical education services currently being denied to handicapped children.

Appended is an annotated bibliography which should offer the Subcommittee on the Handicapped additional resources to determine the validity of the National Consortium on Physical Education and Recreation for the Handicapped's testimony.

NATIONAL CONSORTIUM ON PHYSICAL EDUCATION AND RECREATION FOR THE HANDICAPPED

PART I

PURPOSE: To demonstrate that physical education is an intregal part of a handicapped child's educational program and warrants equal and due consideration under EHA.

Overview

Physical Education for the handicapped is a comprehensive service delivery system designed to improve the psychomotor functioning and development of handicapped children and adults. Services include psychomotor assessment, individualized educational programming, developmental and prescriptive teaching and programmatic evaluation. The goal of physical education for the handicapped is to prepare the handicapped child to become an active and productive member of his or her community to whatever degree possible. The delivery of physical education services enables the handicapped child to develop those psychomotor competencies needed for successful work performance, health and well-being, leisure and sport participation and for socialization experiences among handicapped and non-handicapped peers (Auxter & Pyfer, 1985 and Churton, 1985).

The National Consortium on Physical Education and Recreation for the Handicapped (Bundschuh, 1984) indicated that the role of the physical education for the handicapped service provider may include:

...Direct Service Delivery Specialist: The individual teaches handicapped children in the regular physical education self-contained, resource, or remedial classrooms.

... Teacher-consultant: The individual serves as a resource person to regular physical education teachers, special education, and regular education teachers and to parents and community personnel.

Physical education for the handicapped student is a designated curriculum area within the array of services delimited under the generic area of special education. However, physical education is the only curriculum area specifically cited within the EHA definition of special education (EHA-Part A, Sec. 602). As an intregal part of special education, physical education services are provided to the handicapped from the preschool level through adulthood and includes services for the severely and profoundly handicapped.

Emphasis at the preschool level is concerned with the development of appropriate play and socialization skills and behaviors. Basic motor skills are required for children to enjoy the benefits of play. Should children experience difficulty in basic motor skills, intervention by a physical educator may be required. Certainly , the motor foundation established during preschool enables the handicapped child to participate in normalized activities with their non-handicapped peers (Bowers, 1983).

The elementary school level focuses upon the further development of basic motor skills, physical fitness, perceptual-motor abilities, fundamental patterns, and individual and group activities. Development occurs through individualized educational programming using a variety of instructional and behavioral technological methods.

The intermediate age period will include an emphasis on physical fitness and socialization through the participation in team games, sports, and activities. The handicapped child should be given the opportunity to develop not only those psychomotor skills required for sport and game interaction with peers, but also those psychomotor skills needed for maintaining a healthful lifestyle and for obtaining employment in the community.

The emphasis in high school and the post-school period is on those lifetime activities which will enable the individual to enjoy recreational and leisure time pursuits. In addition, the maintaining of adequate physical fitness and health together with the development of psychomotor skills needed for successful employment are stressed.

The Need for Physical Education

The importance of physical education as a required program for all handicapped children is due to the cause-effect relationship that exists between the handicapped child and his or her success during the school-aged, transitional, or adult period of his/her life . The contributions that are made by

the delivery of physical education services improves not only the psychomotor functioning of the child during and/or after school activities, but it also prepares handicapped children for the psychomotor demands of healthful and qualitative lifestyles, interpersonal relationships, and for successful work performances. (Auxter & Pyfer, 1985).

Handicapped children as with non-handicapped children are in need of a quality physical education program in order to fully participate in cultural and traditional activities of early childhood (play), school years (games and competitive sports), and adulthood (leisure activities). A quality physical education program prepares handicapped children to develop their psychomotor needs which will allow them to choose or to be encouraged to choose activities and social situations with their handicapped and non-handicapped peers.

The curriculum for the physical education of handicapped children lies in the developmental principles supported by Bowers (1983), DePauw & Seaman, (1984), and Auxter & Pyfer, (1985). Harrow (1969) in her taxonomy of the psychomotor domain indicated six levels of development including reflexive, fundamental movements, physical abilities, perceptual abilities, skilled movements, and non-discursive communication. Success in the psychomotor domain allows handicapped children the societal, health, work, and physical skills that enables the disabled to become productive and useful members of society.

School-age Period

School age psychomotor needs of handicapped include those skills necessary to participate in play and other activities including games, sports, and leisure programs. Traditionally, this has been the role and purpose of a quality physical education program for public and private schools. Evidence is presented which demonstrates that a quality physical education program can improve those psychomotor skills necessary for handicapped children to participate in the psychomotor, social, and play aspects of the school-age period . The physical education program can make a significant contribution during the school-aged period by:

1. Developing prerequisite motor skills necessary for participation in self-fulfilling childhood games and social activities.
2. Developing physical fitness for the maintenance of health.
3. Developing ambulatory skills to master mobility in domestic and community environments.
4. Developing recreational skills for independent functioning in the community.
5. Developing physical and motor prerequisites to vocational skills required for independent living.
6. Developing physical and motor prerequisites to self-help skills required for independent living (Auxter & Pyfer,1985 and Fait & Dunn, 1984).

Research in the area of physical fitness for the mentally retarded and other handicapping conditions have supported the fact that physical fitness can be improved in handicapped children and adults. By developing physical fitness , the handicapped individual has the physical vitality and endurance to learn more complex motor skills, participate in fitness oriented activities with non-handicapped peers, and receive the health and well-being benefits of aerobic and cardio-respiratory development.

In addition, it has been demonstrated that adequate levels of physical fitness enables the handicapped and non-handicapped individual to enjoy more success on the work force by experiencing less off-job time due to illness and health related factors. Further, with adequate levels of fitness, clients will have more flexibility in the learning and selection of job skills required for employment. (Corder, 1966 &1969; Oliver, 1958; Solomon and Prangle (1970; Rarick, Dobbins, and Broadhead 1976; Courtney 1972; Greenfell, 1965; Cavanaugh 1968; Nunley, 1965; Britt, 1968; Goodwin, 1970; Funk, 1971, Wepman, 1982; American College of Sports Medicine, 1975; Rarick, 1980; Cooper, 1970; Miller & Allen, 1982).

Sport Competition

Handicapped students who wish to participate in competitive sport activities have many opportunities in which to compete. The Amateur Sport Act of 1978 (PL 95-606) established a Committee on Sports for the Disabled within the U.S. Olympic Committee. Organizations who have membership in this Committee include The United States Amputee Athletic Association, United States Association for Blind Athletes, National Association of Sports for Cerebral Palsy, National Wheelchair Athletic Association, American Athletic Association for the Deaf, the National Handicapped Sports and Recreation Association, and Special Olympics, Inc.

Quality physical education programs can help handicapped students who choose to compete in these competitions to become better trained and conditioned and to receive the full benefits of sports competition (Winnick, 1984 and Miles, 1985).

Motor Development

The role and purpose of a quality physical education program is to maximize the motor performance of handicapped children on the many specific skills within the physical education curriculum. The adapted physical education teacher must determine through specific assessments and appropriate intervention strategies to ensure that learning occurs. Through a quality physical education program, motor performance can be improved and activity levels raised so as to permit the handicapped child the opportunity to learn more complex motor tasks and to enjoy participation in activities with their non-handicapped peers. Irregardless of handicapping condition, motor learning and performance can be facilitated through a well developed and qualitatively presented physical education program (Auxter & Pyfer, 1985; Iyriboz, 1984; McCubbin & Shasby, 1985; Porretta, 1985; Lavay, 1984).

"Least Restrictive Environment"

The practice of mainstreaming of handicapped students is the least restrictive educational placement of that child in an environment that best fits his/her educational needs. Physical education has been effected by "mainstreaming" as has the generic areas of special education. Research suggests that for those handicapped children who have the psychomotor abilities to participate in the regular physical education program , then it would be in the child's least educationally restrictive interests to be placed in this program. However, when children are placed in the regular physical education solely for an affective/social basis, the handicapped child tends to suffer in his motor performance. The advantage of teaching handicapped students in the regular physical education setting is for handicapped children to learn culturally relevant social skills, psychomotor skills, and interpersonal skills which can be generalized to meet transitional, employment, and leisure demands. A quality physical education program can facilitate the development of those skills which will allow the handicapped child to not only improve motor functioning in the regular physical education program, but also improve affective skills as well (Dunn & Craft,1985; Sherrill, 1985; Karper & Martinek, 1985; Auxter & Pyfer, 1985).

Health and Wellbeing

Increased concern over the incidence of heart disease, obesity, and high blood pressure has generated considerable interest in cardiorespiratory or aerobic physical fitness. The importance of physical fitness to health is producing growing support for physical fitness as a major objective of physical education programs for the handicapped. Recognition has grown in recent years of the importance in the health benefits of enhanced physical fitness to the typically less active handicapped population. Due to a combination of factors including physical inability, overprotection, self-consciousness, attitudinal, and inaccessibility of facilities and programs, handicapped individuals usually engaged in less daily physical exercise than do their non-handicapped peers. This reduced level of daily exercise negatively effects the functional capacity of their neuromuscular and cardiorespiratory systems producing a general overall decreased level of physical fitness. The rehabilative value of exercise has been universally accepted as an adjunct in the return of injured persons to normal functioning as well as in retarding the progress of some diseases (Cooper, 1970; Corbin, 1980; Getchell, 1983; Haskell, 1980; Hutman, 1979;)

Chronically ill persons with debilitating conditions are particularly prone to poor physical vitality and development. The health status of handicapped individuals is dependent upon a variety of variables including socioeconomic level, disability, and geographic location. Fait and Dunn (1984) reported that generally handicapped students have a history of high caloric intake, poor eating habits, and low protein supplements. Part of the problem lies in determining daily minimal requirements and the overall lack of activity which lends itself to a compromised overall health status. The ability of the child to maintain a daily exercise and activity program facilitates the homeostatic functions of the body enables the child to remediate obesity and other debilitating problems.

Socialization and Self Concept

The development of social skills of handicapped children is an important objective of the physical education program. Social skills improve the chances of social acceptance by others (Auxter & Pyfer, 1985). Seaman and DePauw (1984) indicated that physical education is an efficient medium through which handicapped children can develop those social skills necessary for interaction with non-handicapped peers. Appropriate physical education programs can help handicapped children demonstrate:

1. Socially acceptable characteristics;
2. Social acceptance in a variety of social experiences and interactions with non-handicapped peers
3. Social capabilities to peers;
4. Self contributions to team and group efforts.

The relationship between motor performance and socialization is very important to the preschool handicapped child. Efforts to seek and gain approval occur frequently for the young as they utilizes various movement patterns.

For the older handicapped child social activities may be conceptualized as consisting of various levels including unoccupied, independent, and interactive. The primary instructional focus involves the determination of the appropriate times, places and frequency associated with various isolated and cooperative activities. The social skills involved in most activities generally consist of initiating, receiving, sustaining, and terminating an activity (Snell, 1980).

Activities such as a quality physical education program can facilitate the process of developing appropriate social skills by virtue of the structure and activities that are presented in the curriculum. By facilitating social skill development, a quality physical education program plays a significant role in helping the handicapped individual to overcome barriers in transition, employment and recreation.

Work Performance

Transition to adulthood, success on the work force, and competitive employment are affirmative phrases which describes succinctly the goal and aims of education for the handicapped. For the client to be successful, certain skills and abilities need to be developed and maintained. Work skills, socialization, and health are three leading factors that contribute to success on the work force. A quality physical education program directly contributes to a client's ability to develop these skills.

Competitive employment for the handicapped usually includes job skills that focus upon some form of manual dexterity including gross and fine motor skills. Common competitive employment opportunities include janitorial work, fast food positions, and unskilled labor positions. Each of these typical employment opportunities requires if not demands the clients to demonstrate proficiencies in fine motor skills, strength, endurance, perceptual-motor skills, and other gross motor skills.

Effective work skills require the handicapped to respond to a changing work requirement and to enjoy meaningful and fulfilling vocational performance. Appropriate physical education programs can help the handicapped to achieve success on the work force. Successful performance requires the worker to have at least adequate sensorimotor, leisure and recreational skills (Crosson, 1978 and Zigmond & Brownlee, 1981).

Additionally, interaction with non-handicapped peers is usually cited as one of the leading factors for failure on the job. Leisure and recreational activities are common means by which employees develop interpersonal contact and development. A quality physical education program prepares the client for this form of socialization. Exhibit 1 clearly shows the common physical education skills needed by clients to pursue their employment, recreational and socialization needs during the transition and post secondary period.

Summary

The need for a quality and an appropriate physical education program for handicapped students has been briefly evidenced as contributing to a handicapped child's psychomotor education, health and well-being, socialization, and work performance. However, in the ten years since the enactment of The EHA, the development of quality physical education programs have not received the same attention and support as have other areas of special education. Evidence is presented in the next section of this testimony to support the fact that handicapped children are not receiving an appropriate physical education program and thereby are being denied their equal rights and protection under EHA and denied the opportunity to achieve a quality of life and wellbeing which a comprehensive physical education program can help to provide.

Figure 2
Basic skills for job
and daily living preparation

	Cognitive skills	Psychomotor skills
Preparation for current and emerging work roles	Reading knowledge of safety Memory	Eye-hand coordination (cleaning chalkboard, sweeping, etc.) Finger dexterity (cutting with scissors, small parts assembly, etc.)
Preparation for assuming more complex work roles	Vocabulary Spelling Basic math facts Problem-solving	Manual dexterity (balancing, stacking materials, handling, etc.) Strength (lifting, pulling, pushing, etc.) Stamina
Preparation for current and emerging daily living demands	Semi-independent travel and mobility Semi-independent self-care Semi-independent use of money	Eye-hand coordination (combing or styling hair, sewing on button, etc.) Finger dexterity (peeling an apple, trimming fingernails, etc.)
Preparation for coping with more complex daily living demands	Decision-making Independent travel Independent self-care	Manual dexterity (shoe shining, hair rolling, etc.) Eye-hand-motor coordination (driving, home repairs, cooking, etc.)

Although Figure 2 is an oversimplification of the scope and sequence desirable for programming job and daily living skills, it can serve as an example of curriculum planning. More specific suggestions are found in Brolin (1978) and Brolin and Kokaska (1979).

NATIONAL CONSORTIUM ON PHYSICAL EDUCATION AND RECREATION FOR THE HANDICAPPED

PART II

PURPOSE: The purpose of this part is to request statutory revisions and recommendations in order to insure that handicapped children will receive appropriate physical education services.

Introduction

In the ten years since the enactment of PL 94-142 and the other discretionary programs of EHA, physical education for the handicapped has not received the comprehensive attention specified within the EHA statutes and subsequently the needs of handicapped children are not being met relative to physical education. The basic rights and protection of handicapped children for an appropriate physical education program have not been adequately afforded by local, state, or federal agencies responsible for such services and for assuring compliance. Documentation is presented which offers evidence that the areas of teacher certification, non-bias assessment, monitoring, least restrictive environment, federal financial assistance, and preservice and inservice training relative to physical education for the handicapped are not comprehensively being addressed as mandated by PL 94-142 and the discretionary parts of EHA.

EHA STATUTES ADDRESSING PHYSICAL EDUCATION

Physical education for the handicapped is cited in 3 specific sections of the EHA. Although identified as the only curriculum area in special education, physical education for the handicapped has not been addressed either within the spirit nor the intention of the statutes.

EHA-Part A: Section 602 (16)

The term "special education" means specially designed instruction, at no cost to parents or guardians, to meet the unique needs of a handicapped child, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions.

EHA-Part D Sec. 631 (a)(1)(A)

Special education teaching, including speech, language, and hearing impaired, and adaptive physical education;

EHA-Part E Sec.642

The secretary is authorized to make grants to States, State or local educational agencies, institutions of higher education, and other public or nonprofit private educational or research agencies and organizations, and to make contracts with States, State or local educational agencies, institutions of higher education, and other public or private educational or research agencies and organizations, for research and related purposes relating to physical education or recreation for handicapped children, and to conduct research, surveys, or demonstrations relating to physical education or recreation for handicapped children.

Although the EHA cites three sections specifically addressing physical education. It is the position of the National Consortium on Physical Education and Recreation for the Handicapped that any and all citations addressing special education must also address the curriculum area of physical education as well!

Qualified Personnel

Section 612 of Part B of the EHA specifies that States are responsible for insuring that competent and qualified personnel are providing special education services to handicapped children. The National Consortium on Physical Education and Recreation for the Handicapped (NCPERH) views the employment of qualified personnel as one of the most critical factors that is preventing handicapped children from having their psychomotor needs met. The issue of qualified personnel includes certification of teachers and the personnel preparation of teachers at the inservice and preservice levels. Without qualified personnel the delivery of appropriate physical education services as mandated by EHA can not be achieved. Evidence is presented that demonstrates the lack of comprehensive certification in physical education, the need for trained personnel, and the need for reinstatement of select federal funding for preservice and inservice physical education training.

Certification

Of the fifty States, Puerto Rico, Guam, and the Virgin Islands; 27 States offer categorical certification and 26 States offer cross-categorical certification in the area of special education (Davis-Smith & Sontag, 1984). Therefore all States require their teachers to obtained specialized training in the area of special education if they are teaching special education to handicapped students. In addition, certification for teachers of severely and profoundly handicapped students which is a low incident population is required by many States usually at the master's level while recent developments in early childhood education addresses certification at the preschool level. It is very clear that federal and state agencies have required personnel teaching special education to have the certifiable skills and competencies necessary to positively effect the growth and development of handicapped children.

Comparatively, nine states offer certification/endorsement/ approval in the area of physical education for the handicapped (Exhibit 3). Endorsement usually allows for only 50% teaching responsibility in the endorsement area. Approval simply allows a person permission to teach in a particular content area with or without qualifications. Of the nine States reporting some form of teacher quality control, only three states have certification. If less than 3% of the States place certified teachers in physical education programs for the handicapped, questions must be asked concerning the preparation of handicapped children in the remaining 97% of the States (Bundschuh, 1985 and Tyemeson, 1985).

Personnel Needs

Further, in a recent review of State's plans (EHA-Part B, Section 613) , Bundschuh (1985) reported that 30 States indicated physical education for the handicapped as a personnel need area.

Working Report
Updated as of: July 30, 1984

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Certification in Adapted/Special Physical Education

The following states/territories have some type of certification/endorsement/approval in adapted/special physical education:

Alabama
California
Illinois
Kansas
Louisiana
Michigan
Minnesota
Nevada
New Mexico
Puerto Rico
Wisconsin

The following states have reported some type of "action" toward development/supplementation of state plans ("action" ranges from initial discussion with state agencies to rejection of well organized plans by state certification authorities):

Connecticut
Florida
Georgia
Indiana
Kentucky
Maine
Massachusetts
Missouri
Nebraska
New York
North Carolina
Ohio
Pennsylvania
Rhode Island
Tennessee
Texas
Virginia

GTT/7-29-85

18 states did not indicate physical education as a need area. Of the 18 states that did not indicate physical education as a need area, only 2 States have certification/endorsement/approval in the area of physical education for the handicapped. Of the 2 states cited, neither is included within the three States that required their physical education teachers to be certified in adapted physical education!

In a recent study that independently surveyed five States, national implications relative to teacher training needs in adapted physical education was determined. The states included Georgia (Baber, 1985); Vermont (Carmichael, 1985); Arkansas (Oakley, 1984); New York/New Jersey (Craft, 1984); and Indiana (Dummer,1985). Exhibit (3) shows that all states reported a definite need for trained personnel in the area of adapted physical education. Evidence suggests that there is a nation-wide need for trained teachers with expertise in the area of physical education for the handicapped. This conclusion is supported by the surveys that were conducted in the studies previously cited and also supported by need assessments conducted in other states including New York, Utah, North Carolina, Washington, Kentucky, Ohio, Wisconsin, and Colorado (Winnick, 1985; Henderson, 1985; Churton, 1983; DePauw, 1985; Daniels, 1985; Gavron, 1985; WI-CEC, 1982; Betts, 1985).

Harris (1977) reported in a state wide need assessment in Oregon that a significant need for additional inservice training was warranted. Similarly, Bird and Gansnedet (1979) reported that

COMPARISON OF FINDINGS

SOURCE	PURPOSE	POPULATION	CONCLUSIONS
CARMICHAEL (VERMONT)	TO DETERMINE STATUS OF P.E. FOR HANDICAPPED IN VERMONT	REGULAR & ADAPTED PHYSICAL EDUCATION	INSERVICE TRAINING NEEDED IN AREAS OF ROLES/RESPONSIBILITIES;ASSESSMENT TECHNIQUE & RESOURCES. QUALITY TEACHING PRACTICES; ADVOCACY: FOR P.E., REG. ED., & REG. & SP. ED. ADMINISTRATORS
~~BABER~~ ~~(GEORGIA)~~	TO DETERMINE STATUS OF P.E. FOR HANDICAPPED STUDENTS IN GEORGIA	PUBLIC SCHOOL REGULAR AND ADAPTED P.E. TEACHERS (n=2,003&27) RETURN;40% AND 100% RESPECTIVELY	TEACHERS DESIRE ADDITIONAL INSERVICE TRAINING; NEEDS ASSESSMENTS SHOULD BE CONDUCTED TARGETING POPULATIONS TO RECEIVE TRAINING; TEACHER INVOLVEMENT IN IEP IS MARGINAL; COST OF TEST MATERIALS, TIME AN SKILLS TO ASSESS ADAPTIVE BEHAVIOR ARE CONCERNS OF TEACHERS
OAKLEY (ARKANSAS)	TO DETERMINE DIRECT SERVICE DELIVERY AND TEACHER TRAINING NEEDS IN APE	SEA PERSONNEL FROM SP. ED, & P.E. SECTION (n=8); LEA SP.ED. SUPERVISORS (n=16); AND P.E. DEPT. CHAIRS FROM COLLEGES AND UNIVERSITIES	APE PERSON ON STATE ADVISORY PANELS, SEA EMPLOY CONSULTANT, NEED SP. TRAINED PERSONNEL IN APE, INTERDISCIPLINARY APPROACH, INFO. ON MATERIALS AND METHODS, COLLEGE FACULTY NEED MAINING, DEVELOP QUALITY PRACTICA, UNDER GRAD SPEC. IN APE
DUMMER & DAVIS (INDIANA)	TO IDENTIFY TEACHER TRAINING NEEDS IN APE IN INDIANA	SCHOOL PRINCIPAL'S AND PHYSICAL EDUCATOR (n= 640) RETURN; 36% (228)	TEACHERS PERCEIVE PRIORITY INSERVICE NEED TO BE CURRICULA, INDIVIDUALIZATION, KNOWLEDGE OF HANDICAPS, AND IEP PROCESS
CRAFT ET.AL. (NEW YORK)	TO DETERMINE P.E. OPINIONS ABOUT MAINSTREAMING, PERFORMANCE OF MHC AND TEACHER SKILLS AND TRAINING	PHYSICAL EDUCATORS IN N.Y., N.J. & CONNECTICUT. (n=450) RETURN, & 21.5% (97)	NEGATIVE OPINIONS TOWARD H.C. IN MAINSTREAM AND THEIR PERFORMANCE, TEACH IN SKILLS INADEQUATE, NEED TRAINING IN CHAR., BEH. MGMT., INCLUDING ADAPTING EQUIPMENT AND INDIVIDUALIZED INSTRUCTION; EVALUATING AND INTERPRETING P.E. PROGRAMS TO PARENTS

all aspects of physical education preparation must be improved at both the preservice and inservice levels.

Casey (1979) surveyed state directors of special education and Physical Education to determine the attitudes of personnel directly responsible for policy making in the education of handicapped students. A 73% of return of surveys indicated that there was a need to improve the level of physical education that currently existed in preparing physical education teachers for the handicapped and delivering physical education services to this population.

Tucker (1983) surveyed intermediate and secondary programs in Fairfax County, Virginia. Teachers indicated that there was a need for developing more and better adapted physical education programs. In addition, programs that were provided did not address the physical education needs of the students.

Barnes, (1982) conducted a study in the state of Florida to determine perceived inservice training needs of physical education teachers. Results indicated that teachers were in need of specific training in adapted physical education curriculum, methods , administration, and evaluation.

Further, a study was conducted in the State of Georgia to determine the effects of House Bill 671 on regular physical education teachers in the State of Georgia (Graziadei, 1985). HB 671 mandated that any certified teacher, principal, or guidance counselor shall complete a course on the identification and education of children with special educational needs. The results of the study indicated that regular physical education teachers who took a HB 671 course did not feel adequately prepared to teach handicapped children.

Additional studies (Exhibit 5) conducted within the last five years clearly underscore the fact that of the handicapped children that are receiving adapted physical education , these children are not being taught by teachers who are fully qualified or competent in the area of adapted physical education.

Federal Financial Assistance

Since 1975, DE:OSERS has awarded on a nation-wide basis financial assistance slightly in excess of 12 million dollars(less than $24,000/state) to research and personnel preparation programs in adapted physical education (physical education since 1983 has been place in the DE:SEP:DPP grant competition entitled "special educators"). This amount has accounted for less than 8% of the total amount awarded to all special education funded programs. For 1985, federal assistance has been reduced to less than 6% of the total amount funded in special education. The issue, here, is not the total dollar amount, but whether the amount awarded to physical education programs has been sufficient to place qualified adapted physical education personnel throughout the nation's schools. Evidence, previously presented, suggests that there currently exists in this country a vast need to prepare specialists in the area of physical education for the handicapped. In addition, evidence also suggests that inservice training funds must be made available if handicapped children are to receive an appropriate physical education program conducted by a

Comparison of Survey Research Studies

Source	Purpose	Population	Conclusions
Barnes (Florida, 1982)	To determine the training needs of teachers in regard to handicapped students	Regular physical education teachers	Need for training in methods and techniques, curriculum organization and administration
Bird and Gansneder (Virginia, 1979)	To determine the level of preparedness of teachers in meeting P. L. 94-142	Public school regular education teachers	Professional preparation was inadequate in areas of handicapping conditions and assessment of motor dysfunction
Chasey (1979)	To determine attitudes toward physical education for handicapped	State directors of special and physical education	Discrepancy between what subjects actually existed and should exist in physical education
Clark (Utah, 1978)	To determine attitudes toward mainstreaming	Secondary public school regular physical education teachers	Attitudes were not affected by experience; inservice participants had better attitudes; concerns were time; knowledge about students, teacher aides; equipment and facilities; and student-teacher ratio
Dummer & Windham (Maryland, 1982)	To assist regular teachers in meeting the needs of handicapped students	Elementary and secondary school regular physical education teachers	Determining needs was an important factor in the success of staff development; concerns were lack of input into the IEP process, teacher loads, inadequate professional preparation, identification of special students, funding, and lack of communication with special education

Source	Purpose	Population	Conclusions
Hardison (Tennessee, 1980)	To determine the status of physical education for handicapped students in the public schools	Public school principals	Most students were mainstreamed; less than 15% of schools have APE; special education teachers provided physical education; teacher observation used to determine strengths and weaknesses; more than 85% needed additional inservice training
Harris (Oregon, 1977)	To determine extent of understanding, intent, and impact of P. L. 94-142 on physical education and special education students	Regular public school physical education teachers	Inservice increased knowledge; need for additional inservice and more and varied approaches
Johnson (California, 1976)	To determine opinions concerning successful mainstreaming	Regular classroom teachers	Concerns were total class size, inservice needed in general content areas and instructional planning
Jones (Texas, 1978)	To determine current and desired status of preservice and inservice training	Physical and special education chairs from colleges and universities and special education directors from Education Service Centers	Need for practicum experience and inservice training in activities
Marston (Iowa, 1982)	To determine perceptions regarding the influence of P. L. 94-142 upon curriculum and selected behaviors	Regular public school physical education teachers	Curricula was inadequate for handicapped; evaluation needed improvement; progress slow in determining needs of handicapped students; IEP staffings ineffective in P.E.; inservice was desired

Source	Purpose	Population	Conclusions
McClaron (Tennessee, 1981)	To determine if degree of teacher involvement in planning inservice was directly related to perceived effectiveness of training and needs for teacher preparation	Regular classroom public school teachers and administrators	Teachers identified a need to be involved in planning inservice; need to improve communication and ongoing evaluation of inservice
Peck (New York, 1981)	To determine knowledge and skill needs of teachers for successful mainstreaming	Regular public school physical education teachers	Needs were skills in assessment, pupil placement and support, and individualized instruction; need for inservice
Stokes (Louisiana, 1980)	To determine programming procedures in public and private schools and colleges	Public and private school and college personnel	Needs were to establish inservice in APE as priority including individualized instruction, legislation, psychomotor assessment, diagnostic, prescriptive teaching and modifying activities
VonRosenberg (Texas, 1980)	To determine teacher competencies for mainstreaming	Regular and special education classroom teachers	Need for training in classroom organization and selection and adaptation of materials
Tucker (Virginia, 1983)	To determine handicaps of students and if needs were met in APE	Regular physical education teachers	Need for APE; physical education provided with little emphasis on needs of handicapped students; and need for inservice
Present study (Georgia, 1984)	To determine the status of physical education for handicapped students in Georgia	Public school physical education teachers	Teachers desire inservice training; needs assessments should be conducted targeting populations to receive training; teacher involvement in IEP is marginal; cost of test materials, time and skills to assess adaptive behavior are concerns of teachers

qualified teacher of adapted physical education (Bokee, 1984).

Until 1983, the DE:SEP:DPP offered separate grant competitions in personnel preparation for physical education and recreation. Since merging physical education with the grant competition "Special Educators", the area of physical education has been consumed by the larger number of special education programs. Since fewer numbers of grants have been awarded in the area of physical education since 1983, the ability to meet the personnel demands in physical education for the handicapped has been significantly impaired.

It is an aim of the NCPERH to request that the DE:SEP:DPP offer a separate grant competition entitled "adapted physical education".

LACK OF COMPREHENSIVE MONITORING

The system for monitoring each handicapped child's educational program is quite complex and should offer a series of checks and balances. Each Local Educational Agency (LEA) is responsible to assure that each handicapped child is receiving the services required to meet their educational needs. In turn, the State Educational Agency (SEA) oversees and evaluates the programs implemented by the LEA and conducts random samplings of handicapped children's individualized educational programs to determine appropriateness and compliance. Part A of EHA specifies that the Department of Education: Office of Special Education Programs must insure that each State is in compliance with the statutory requirements of EHA Parts A-F. The system as specified within EHA seemingly allows for the protection and rights of the handicapped child to receive and appropriate educational program. However, evidence is presented which indicates that in the area of physical education for the handicapped student, a significant breakdown of responsibilities in the process is experienced across all monitoring levels.

DE:Special Education Programs

The Department of Education : Special Education Programs Seventh Annual Report to Congress on the Implementation of the Education for All Handicapped Children Act(SARC) (DE:SEP,1985) which examines the progress made in implementing the requirements mandated by The Education of all Handicapped Act (EHA) since its enactment in 1975 and provides a more detailed examination of the activities during the 1983-84 school year. Data used in the report was obtained from several sources including national statistics on numbers of handicapped children being served, numbers of handicapped children receiving special education in various settings, and numbers of school personnel needed to provide such services as reported to the Office of Special Education (SEP) by each State. SEP's monitoring visits to the States during the school year of 1983-84 and special studies have provided additional national data.

The National Consortium on Physical Education and Recreation for the Handicapped cites the Seventh Annual Report to Congress as documentation that the statutes of EHA relative to physical education for the handicapped have at best been overlooked and subsequently not addressed. Since the SARC represents the national status, then the conclusion drawn by the NCPERH must be that this is a nation-wide problem.

In The Seventh Annual Report to Congress, the Department of Education cites 12 specific areas of non-compliance as reported by a sampling of 13 states. Of the 12 non-compliance factors cited within the report, not one recommendation addresses the area of physical education for the handicapped. However, in Bundschuh's (1985) independent review of State's plans, physical education was indeed cited as an area of concern and an area in which compliance with EHA regulations were not achieved . If State's plans address physical education, then a discrepancy seems to exists between what the SARC documents and that of an independent evaluation of the same data.

Further the State of North Carolina reported in an CSPD Report (NC:DPI, 1984) that 87% of the handicapped children served under EHA in North Carolina were receiving physical education in the regular physical education program. The CSPD also indicated that the teachers teaching physical education to the handicapped had little if any training in the area of adapted physical education. This disclosure by the state of North Carolina strongly suggests the State's lack of compliance under section 612 of Part B of the EHA.

In 1984, the DE:OSERS: Division of Assistance to States (the monitoring branch of OSERS) conducted an on site visit to the State of North Carolina. Evidence was submitted to this monitoring team addressing the lack of compliance in the area of physical education (Churton, 1985). In the report that was submitted to the NC:Department of Public Instruction although citing the evidence of the lack of appropriate physical education services in the State, the DE:OSERS:DAS recommendations to the State relative to compliance factors did not address physical education (DE:SEP:DAS).

Additionally in the *Seventh Annual Report to Congress* , the DE:OSERS reported that 67.55% of special education students are served in the regular education program and 25.49% are served within separate classes within the same school. Without certification and trained personnel (as previously evidenced) approximately 95% of the nation's handicapped children are being taught physical education by teachers with little or no training in the area of physical education for the handicapped.

Additionally, the *SARC's* documentation of teachers who teach special education in terms of numbers and employment are clearly cited. This is due to the fact that specific information is required from each state. A review of this report shows that physical education is cited in the chart labeled *School staff other than teachers* under the heading of *Physical Education Coordinators*. This reporting of physical education information clearly shows the DE:OSERS confusion of physical education as a direct teaching service and that teachers not coordinators are responsible for meeting the psychomotor needs of handicapped children. Apparently, the information that is requested from the States is confounded as to the role and function of physical education teachers for the handicapped . In addition, with only 3 States with certification in adapted physical education, the DE:SEP should be concerned if not disturbed with the quality of physical education services being delivered to handicapped children.

SEA:LEA: Monitoring

The issue of monitoring includes more than federal observance of State's programs. Too often, individuals within the SEA do not view physical education as a teaching area and relegates physical education to a status of a related service. In many instances, adapted physical education teachers can only be hired by local or federal funds and not by state funds while special education teachers are hired within the three categories.

These policies significantly limits the employment of qualified physical education personnel and denies handicapped children the right to be taught by a qualified teacher (Churton, 1985 and McDaniel, 1985). The special education teacher therefore becomes the person responsible for teaching physical education because of the lack of a trained physical education specialist and the appropriate physical education services reported by several states are in fact nothing more than a recess period.

SEAs additionally request information from LEAs concerning various aspects of their special education programs. IEPs are reviewed to determine if the child is receiving an appropriate educational program. If physical education is cited which data suggests that in most cases it is not , then a simple yes/no response is usually recorded without any qualifications as to type of placement or reference to assessment results.

Pyecha (1979) reported in a national survey that addressed the individualized educational program that less than 3% of the IEP reviewed included physical education on the IEP. Additional studies have also reported similar findings (Marston, 1982 and Baber, 1984). If physical education is not reported on the IEP, it is extremely difficult to assume or assure that the child is receiving and appropriate physical education program.

In addition, in a recent court case in the State of Utah, (Child vs. USEA, 1985), adapted physical education was cited on the child's IEP and the school administration has refused to implement the program. This case is now in litigation. Other court cases report similar findings (Sandra T. vs MSEA, 1981).

Joseph (1985) analyzed the formats of 45 IEPs from a total of twenty-three states. Less than ten percent of the IEPs reviewed were in compliance with regards to the role of physical education. Additionally, Rudolph (1982) reported little input from physical education teachers when the IEP was developed.

Summary

In brief the evidence presented clearly suggests that physical education is not comprehensively being addressed by the agencies responsible for compliance including the DE:OSERS, SEAs, or the LEAs across the nation relative to meeting the statutory requirements of qualified personnel, IEPs, and monitoring. Without those designated agencies fulfilling their responsibilities relative to physical education, it is extremely doubtful that handicapped students will have their physical education needs met.

NATIONAL CONSORTIUM ON PHYSICAL EDUCATION AND RECREATION FOR THE HANDICAPPED

PART III

PURPOSE: The purpose of this part is to state the NCPERH proposed statutory revisions and recommendations concerning the delivery of appropriate physical education services to the handicapped.

Introduction

The documentation presented in this testimony indicates that at best, the area of physical education for the handicapped has been overlooked by those agencies responsible for assuring that EHA statutes are being implemented as enacted and intended. As a result, the physical education needs of handicapped children are not being met and will continue to go unmet unless changes in the statutes and subsequent implementation regulations are made which insures not only compliance but the delivery of quality physical education services to the handicapped.

EDUCATION OF THE HANDICAPPED ACT

PROPOSED STATUTORY REVISIONS

The underlined portion of each part designates where physical education has been added to existing language.

EHA Part A-General Provision

Sec. 601 : Amend and include as follows:

(b)(2) the special educational and physical educational needs of such children are not being met;

(3) more than half of the handicapped children in the

United States do not receive appropriate educational and physical education services which would enable them to have a full equality of opportunity;

(7) developments in the training of teachers and in diagnostic and instructional procedures and methods have advanced to the point that given appropriate funding, State and local educational agencies can and will provide effective special education, physical education, and related services to meet the needs of handicapped children;

(8) State and local educational agencies have a responsibility to provide education, including physical education for all handicapped children, but present financial resources are inadequate to meet the special education and physical education needs of handicapped children; and

(9) it is in the national interest that the federal government assist State and local efforts to provide programs to meet the educational including physical education needs of handicapped children in order to assure equal protection under the law.

(c) It is the purpose of this Act to assure that all handicapped children have available to them, within the time periods specified in section 612(2)(B), a free appropriate public education which emphasizes special education, physical education, and related services designed to meet their unique needs, to assure that the rights of handicapped children and their parents or guardians are protected, to assist State and localities to provide for the education of all handicapped children and to assess and assure the effectiveness of efforts to educate handicapped children.

Definitions

Section 602 : include after number (16):

(17) The term "physical education" means the development of physical fitness, perceptual-motor skills, movement patterns and fundamental motor skills, and skills in aquatics, dance, individual and group games and sports (including intramural, extramural, and interscholastic). Physical education is a comprehensive service delivery model which includes the use of appropriate assessments, instructional technology, and evaluative methodology. The term includes special physical education, adapted physical education, and regular physical education.

(18) The term "related services" means transportation, and such developmental, corrective, and other supportive services (including speech pathology and audiology, psychological services, physical and occupational therapy, recreation, and medical and counseling services, except that such medical services shall be for diagnosis and evaluation purposes only) as may be required to assist a handicapped child to benefit from special education and physical education, and includes the early identification and assessment of handicapping conditions in children.

(19) The term "free appropriate public education" means special education, physical education, and related services which (A) have been provided at public expense, under

public supervision and direction, and without charge, (B) meet the standards of the State Educational Agency, (C) include an appropriate preschool, elementary, or secondary school education in the State involved, and (D) are provided in conformity with the individualized education program required under section 614(a)(5).

(20) The term "individualized education program" means a written statement for each handicapped child developed in any meeting by a representitive of the local educational agency or an intermediate educational unit who shall be qualified to provide, or supervise the provision of specially designed instruction to meet the unique needs of handicapped children, the teachers, the parents or guardian of such child, and whenever appropriate, such child, which statement shall include (A) a statement of the present levels of educational performance of such child, (B) a statement of annual goals, including short-term instructional objectives (C) a statement of the specific educational services to be provided to such child, and the extent to which such child will be able to participate in regular educational programs, (D) the projected date for initiation and anticipated duration of such services, and (E) appropriate objective criteria and evaluation procedures and schedules for determining on at least annual basis, whether instructional objectives are being achieved, (F) a statement of the present levels of physical education performance of such child including procedures for assessment, placement, and statement of annual goals and instructional objectives.

(23) The term "intermediate educational unit" means any public authority, other than a local educational agency, which is under the general supervision of a State educational agency which is established by State law for the purpose of providing free public education on a regional basis, and which provides special education,physical education, and related services to handicapped children within that State which,...

NATIONAL ADVISORY COMMITTEE ON THE EDUCATION OF HANDICAPPED CHILDREN AND YOUTH

SEC. 604 Amend and include the following

(a)The Secretary shall establish in the Department of Education a National Advisory Committee on the Education of Handicapped children and Youth, consisting of fifteen members, appointed by the Secretary. Not less than five such members shall be parents of handicapped children and the remainder shall be handicapped persons (including students), persons with affiliated with education and physical education, training, or research programs for the handicapped, and those having demonstrated a committment to the education of handicapped children.

Part C- CENTERS AND SERVICES TO MEET SPECIAL NEEDS OF THE HANDICAPPED

SEC 621. Amend and included as follows

(a) (1) assist in identifying and solving persistent problems in providing quality special education, physical education, and related services for handicapped children and youth;

(2); assist in developing, identifying, and replicating successful programs and practices which will improve special education, physical education, and related services to handicapped children and youth and their families;

SERVICES FOR DEAF-BLIND CHILDREN AND YOUTH

Sec 622 : Amend and include as follows:

(2)(a) : (iv) comprehensive physical education services for deaf-blind children and youth.

SECONDARY EDUCATION AND TRANSITIONAL SERVICES FOR HANDICAPPED YOUTH

Sec. 626: Amend to read as follows:

(b)(8) conduct demographic studies in which to provide information on the numbers, age levels, types of handicapping conditions and services required for handicapped youth in need of physical education programs and provide research and demonstration projects for exemplary service delivery models and the replication and dissemination of successful models.

Part D-TRAINING PERSONNEL FOR THE EDUCATION OF THE HANDICAPPED

GRANTS FOR PERSONNEL TRAINING

Sec. 631. Amend to read as follows:

(d)The Secretary is authorized to make grants through a separate competition to institutions of higher education for the purpose of providing preservice and inservice training in physical education at the undergraduate and graduate levels and for certification and or endorsement in physical education for the handicapped.

GRANTS TO STATE EDUCATIONAL AGENCIES FOR TRAINEESHIPS

Sec 632. Amend to read as follows

The Secretary shall make grants to state educational agencies to assist them in establishing and maintaining, directly or through grants to institutions of higher education, programs for the preservice and inservice training of teachers , including physical education ,of handicapped children, or supervisors of such teachers.

GRANTS TO IMPROVE RECRUITMENT OF EDUCATIONAL PERSONNEL AND DISSEMINATION OF INFORMATION CONCERNING EDUCATIONAL OPPORTUNITIES FOR THE HANDICAPPED.

SEC 633. Amend to read as follows:

(a)(1)(C) programs relating to physical education under this Act.

(2) to encourage students and professional personnel to seek and obtain careers and employment in the various fields relating to the education of a handicapped children and youth including careers in physical education for the handicapped and

(3) to provide information on available services and programs, including physical education services and programs in postsecondary education for the handicapped.

REPORTS TO THE SECRETARY

Sec 634: amend to read as follows:

(a)(1) the number of individuals trained under the grant or contract, by category of training and level of training including training in physical education; and,

(2) the number of individuals trained under the grant or contract receiving degrees and certification including the area of physical education, by category and level of training.

Part E-RESEARCH IN THE EDUCATION OF THE HANDICAPPED

RESEARCH AND DEMONSTRATION PROJECTS IN EDUCATION OF HANDICAPPED CHILDREN

Sec. 641 : Amend to include as follows:

(a) The secretary is authorized to make grants to, or enter into contracts or cooperative agreements with, State and local educational agencies, institutions of higher education, and other public agencies and nonprofit private organizations for research and related activties, to assist special education personnel, physical education personnel, and other appropriate persons, including parents, in improving the education including physical education, and related services for handicapped children and youth and to conduct research, surveys or demonstrations relating to the education of handicapped children and youth. research and related activities shall be designed to increase knowledge and understanding of handicapping conditions and teaching, learning, and education-related practices and services for handicapped children and youth. Research and related activities assisted under this section shall include, but not be limited to the following:

(6) the development of new and improved instructional techniques and devices, technology , program models, and

dissemination mechanisms for the purpose of improving the delivery of physical education services and programs to the handicapped

Part F-INSTRUCTIONAL MEDIA FOR THE HANDICAPPED

PURPOSE

Sec 651: Amend and include as follows:

(a)(1) the general welfare of deaf persons by (A) bringing to such persons understanding and appreciation of those films which play such an important part in the general and cultural advancement of hearing persons, (B) provided through these films enriched educational and cultural experiences through which deaf persons can be brought into better touch with the realities of their environment, and (C) providing a wholesome and rewarding experience which deaf persons may share together; and (D) provide through film and video format instructional modules which will enhance the physical education wellbeing of deaf persons.

NCPERH RECCOMMENDATIONS

The National Consortium on Physical Education and Recreation for the Handicapped strongly feels that with the revisions of the EHA, agencies responsible for assuring that appropriate and quality physical education services are delivered to handicapped children. In addition to the revisions, the following recommendations are made to insure that the spirit and intent of the EHA statutes are implemented:

Certification

1. To direct the DE:Special Education Programs to require that States within the State Plans for the education of handicapped children document that adapted physical education certification is required or that approved plans have been developed to offer certification in adapted physical education within three years and submit documentation that such plans have been developed. If states do not comply, then DE:SEP should not approve that state's Educational Plan until certification or an approved plan for certification is developed and submitted.

2. To direct the DE:SEP to monitor the delivery of physical education programs with more scrutiny by:

2.1: Requesting specific information from states which delineates qualification of teachers, number of adapted physical education teachers, and assessment procedures.

2.2: Addressing physical education personnel and services during departmental site visits and make recommendations when non-compliance is determined.

2.3: Reporting data on teachers of physical education for handicapped students as teachers of exceptional children,

2.4: Encourage States to use state funds for the employment of adapted physical education teachers.

2.5: Recommending that states during their monitoring of LEAs specifically include physical education on their evaluation forms and so as to determine the qualifications of teachers teaching physical education, assessments used , and process used in placement decisions.

3. To direct the DE:SEP to make available, a separate competition for grant and contracts applications that addresses only physical education relative to personnel preparation (FOR BOTH PRESERVICE AND INSERVICE TRAINING) and research.

4. To direct the DE:SEP to insure that all Individual Education Programs (IEPs) specifically reflect physical education to some degree. The decision making process relative to placement is viewed as the key factor. The physical education IEP process should reflect the use of non-bias testing, qualified personnel, and evaluation relative to physical education to insure that handicapped children receive appropriate physical education services.

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APPENDIX B

Annotated Bibliography

Each chapter of *Principles and Methods of Adapted Physical Education and Recreation* does not exhaust information on the subject matter. In most instances the content of the chapter generalizes accepted knowledge and practice to physical education from other disciplines. These disciplines include psychology, medicine, special education, law, physiology, and others. Therefore many of the resources cited here will provide deeper insights into the subject matter by introducing the origin of the content back to disciplines where such concepts began. Therefore the bibliography entries do not reiterate similar material that has been written in the field of physical education but are interdisciplinary in nature.

CHAPTER 1

Brockport Invitational Task Force: Implications of Section 504 of the Rehabilitation Act as related to physical education instruction: personnel preparation, intramurals and interscholastic sport programs, practical pointers, vol. 3, no. 11, Washington, D.C., Feb. 1980, AAHPERD.

This article describes the legal foundations for application of instruction in the field of physical education. Furthermore, it also describes application of Section 504 regulations to conduction of intramural and intercollegiate and interscholastic athletic programs. Implication of Section 504 for personnel preparation programs for physical educators is also discussed.

Brown, et al.: Toward the realization of the least restrictive educational environments for severely handicapped students, J. Assoc. Severely Handicapped 2(4):13-17, 1977.

This article clearly illustrates the consequence of lack of exposure of handicapped to nonhandicapped children. The article describes the long-term benefits of heterogeneous interactions between handicapped and nonhandicapped students for development of skills, attitudes, and values. It also identifies detrimental educational practices that negatively influence handicapped children.

Gold, M.: Task analysis: a statement and example using acquisition and production of complex assembly tasks by the retarded blind, Champaign, Ill., 1975, Institute for Child Behavior and Development, University of Illinois at Champaign-Urbana.

This article describes the application of the behavioral technology of task analysis to mentally retarded blind persons. One person who was blind, deaf, and physically handicapped with an IQ of 28 was trained to assemble a complex 16-step Bendix Bicycle Brake assembly.

U.S. Department of Health, Education and Welfare: Regulations for the Education for All Handicapped Children Act of 1975, Federal Register, Washington, D.C., Aug. 23, 1977, U.S. Government Printing Office.

This document includes the regulations that govern services for the handicapped. The important aspects of these regulations are the definition of physical and special education, procedures for conducting individualized education programs (IEPs), and the role of related services (physical therapy and occupational therapy) in relationship to physical education.

Wolfensberger, W.: Principles of normalization, Toronto, 1972, National Institute on Mental Retardation.

This book describes how unwritten symbols devalue handicapped persons. The outcomes of an unwritten language negatively influence handicapped persons to such an extent that service and service providers can be devalued. Thus benefits may be reduced. This book discusses the proper application of principles of normalization that minimizes the unconscious devaluation of handicapped persons.

CHAPTER 2

Fiscus, E.D., and Mandell, C.J.: Developing individual education programs, St. Paul, Minn., 1983, West Publishing Co.

This book provides professionals with a comprehensive foundation for understanding the construction of the process of formulating individualized education programs (IEPs) required by P.L. 94-142. It provides information on content required in the IEP, as well as the principles and practices that guide implementation of instruction to the handicapped. It is a valuable document for all professionals because it links the identification of individual learning differences and characteristics with the development of appropriate IEPs.

Lovitt, T.C.: Tactics for teaching, Columbus, Ohio, 1984, Charles E. Merrill Publishing Co.

This is an excellent book that describes instructional tactics that can be used by teachers in an intact classroom to help children develop skills of self-management, personal organization, self-evaluation, and self-directed learning. These tactics are designed for individuals or groups. Most of these tactics are direct application of results from research and demonstration. Furthermore, the author describes specific types of learners most suitable to specific tactics. It enables the reader to link IEPs to implementation.

CHAPTER 4

Donlon, T.: Referencing test scores: introductory concepts in domain referenced testing. In Hively, W., and Reynolds, M., editors: Domain referenced testing in special education, Reston, Va., 1975, The Council for Exceptional Children.

This chapter provides a succinct and comprehensive overview of eight different types of assessment. Comments are provided with respect to the use of each type of assessment.

Gay, D.: Educational evaluation and measurement, Columbus, Ohio, 1980, Charles E. Merrill Publishing Co.

This textbook is of value because of discussion on content-referenced measurement, which is vital to delivering quality instruction.

Haring, N.G.: Developing effective individualized educational programs for severely handicapped children and youth, Columbus, Ohio, 1977, Special Progress.

One of the interesting features of this book is a description of the implications for incorporation of ongoing measurement in the conduction of the IEP. It describes how measurement is an integral part of the instructional process of the IEP.

Kirkendall, D.R., Gruber, J.J., and Johnson, R.E.: Measurement and evaluation for physical educators, Dubuque, Iowa, 1980, William C. Brown Group.

This textbook provides information on the measurement of learning. It describes norm-referenced testing and other traditional types of tests. It is a standard textbook on measurement and evaluation. However, it has good coverage on the ways to measure learning through ongoing instruction and effectively articulates the relationship between assessment and the instructional program.

CHAPTER 5

Corbin, C.A.: A textbook of motor development, ed. 2, Dubuque, Iowa, 1980, William C. Brown Group.

The strength of this book is an in-depth presentation on development of fundamental motor patterns and skills. It enables study of the developmental stages of performance, as well as assessment of developmental delays, of these motor patterns and skills.

Fiorentino, M.R.: Normal and abnormal development, Springfield, Ill., 1972, Charles C Thomas, Publisher.

This book describes techniques for assessment of reflexes. Positive reflexes are placed on a developmental continuum with reflex development of the central nervous system. Illustrations of the book are clear and enhance the practicality of using specific techniques to assess the presence and absence of reflexes. Charts enable placement from results of testing on a developmental scale of reflex maturation.

Gallahue, D.L.: Understanding motor development in children, New York, 1982, John Wiley & Sons, Inc.

This is an excellent book that describes development and acquisition of fine and gross motor skills that continue throughout life. It describes an orderly sequential process of motor development and the interrelationship of physical, social, and cognitive development.

Kephart, N.C.: Slow learner in the classroom, Columbus, Ohio, 1971, Charles E. Merrill Publishing Co.

This is a classic book that describes the relationship between perceptual-motor activity and development of the cognitive process. It describes perceptual-motor prerequisites, which, if deficient, will affect motor development and academic achievement of children.

Knoblock and Pasamanick, B., editors: Developmental diagnosis, ed. 3, New York, 1974, Harper & Row, Publishers, Inc.

This book deals with classic application of principles of growth and development for intervention purposes. The patterns of normal growth are described in detail. Thus deviance from normal growth reflects abnormalities that call for special intervention.

Lawther, J.D.: The learning and performance of physical skills, Englewood Cliffs, N.J., 1977, Prentice-Hall, Inc.

This is a comprehensive book on skill learning and performance. In addition, it covers the development of physical abilities (the prerequisites to the skills) and their relationship to skilled motor performance.

CHAPTER 6

Bellamy, T.: Habilitation for the severely handicapped, Baltimore, 1979, Paul H. Brookes Publishing Co.

This excellent book applies behavioral technology of task analysis to facilitate acquisition of motor skills. As of the late 1970s this technology has been accepted as "best practice" or "best technology available" in federal litigation.

Lindvall, C.M., and Bolvin, J.: Programmed instruction in the schools: an application of programming principles in individually prescribed instruction, Sixty-sixth yearbook of the National Society of the Study of Education, Chicago, 1967, University of Chicago Press.

This is a classic scientific presentation for measuring educational progress through programmed instruction. These writings, along with the U.S. Department of Education Regulation for the Individual Education Program of 1981, provide clear insights for integration of assessment and programming in the preparation of the IEP in physical education for the handicapped.

Mager, R.F.: Preparing instructional objectives, Belmont, Calif., 1962, Fearon Publishers.

This book is a classic for the preparation of instructional objectives. It provides the student with detailed analyses of instructional objectives and sets forth procedures for students to construct objectives required for the implementation of the IEP. These objectives enable precise definition of what is to be learned, a prerequisite for the rapidly emerging behavioral technology that is now being applied to functional assessment and programming.

Swift, M.S., and Spivack, J.K.: Alternative teaching strategies: helping behaviorally troubled children achieve, Champaign, Ill., 1975, Research Press.

This book provides a format for linking assessed effective and ineffective behavior of children with alternative learning strategies. Focus of the book is on specific behaviors displayed by children regardless of the clinically labeled diagnosis. Extensive step-by-step descriptions of alternative teaching strategies based on assessment can be incorporated into program plans for each child or groups of children in a classroom.

CHAPTER 7

Gearheart, B.R., and Weishahn, M.W.: The exceptional student in the regular classroom, St. Louis, 1984, The C.V. Mosby Co.

This book describes general and specific techniques that have been teacher tested in the classroom and can be applied to behaviorally disordered children. Chapter 9 of this book provides information about the various theoretical bases for teaching students with behavioral disorders and accompanying practical teaching ideas.

Homme, L.: How to use contingency contracting in the classroom, Champaign, Ill., 1971, Research Press.

This book provides a complete overview of procedures for the design and implementation of a contingency management system. The book expresses specific principles for conducting a practical contingency management system.

Kazden, A.E.: Single-case research designs: methods for clinical and applied settings, New York, 1982, Oxford University Press, Inc.

This is a comprehensive book on how to design studies to measure behavioral change. It is invaluable for conducting and designing IEPs for handicapped children who have severe learning problems. These designs enable the application of behavioral technology that maximizes the learning of children.

Sultzer, A., Azaroff, B., and Mayer, G.R.: Applying behavioral analysis procedures with children and youth, New York, 1977, Holt, Rinehart & Winston.

This book provides detailed and comprehensive information for applying behavioral techniques in applied instructional settings. Most of the information in the book is directly applicable to behavioral management of handicapped children in a physical education class.

Walker, J.E., and Shea, T.M.: Behavior modification, St. Louis, 1984, The C.V. Mosby Co.

This is an excellent text that discusses several aspects of behavioral management. The areas include psychoanalytical, psychodynamic, biophysical, and environmental perspectives. Techniques described in the book are applicable to adapted physical education settings. Topics included in the book are the application of behavioral management techniques to the IEP of P.L. 94-142, basic principles of behavioral modification, step-by-step procedures for modifying behavior, methods for increasing acceptable behavior and decreasing unacceptable behavior, procedure practices for coordinating school and home management programs, and ethics of behavioral management.

CHAPTER 8

Benson, H.: The relaxation response, New York, 1975, William Morrow & Co., Inc.

This excellent book describes specific techniques for relaxing persons. Procedures are specifically described so that applications can be made in real settings.

Jacobsen, E.D.: Modern treatment of tense patients, Springfield, Ill., 1970, Charles C Thomas, Publisher.

This book presents an in-depth discussion of relaxation techniques and provides a rationale for achieving total body relaxation.

CHAPTER 9

Lewis, R.B., and Doorlag, D.H.: Teaching special students in the mainstream, Columbus, Ohio, 1983, Charles E. Merrill Publishing Co.

This book has an excellent chapter on promoting social acceptance and social problems that may be encountered in instructional settings such as physical education. It also indicates principles and strategies for enhancing social acceptance of handicapped persons.

Strain, P.S.: Peer-mediated treatment of exceptional children's social withdrawal, Except. Ed. Q. 1(4):93-105, 1981.

This article describes how peers of the handicapped can be trained to play an integral part in the instructional process. Peer-mediated instruction sets up a dynamic relationship between classroom peers in which there is facilitation of social development for each child.

Wheman, P.: Helping the mentally retarded acquire play skills, Springfield, Ill., 1977, Charles C Thomas, Publisher.

This book provides valuable information on the application of different types of assessment to meet measured social needs of children. Acquisition of motor skills that can be used in the community for self-sufficient recreational activity is also discussed.

CHAPTER 10

Drew, C.J., Logan, D.R., and Hardman, M.L.: Mental retardation: a life cycle approach, ed. 3, St. Louis, 1984, The C.V. Mosby Co.

This is a readable and comprehensive book on mental retardation. It addresses a variety of developmental levels of mental retardation and describes professions that deal with problems of mental retardation, areas of assessment, causes, legislation, and social and ethical issues. There is comprehensive coverage of infancy, early childhood, adolescence, adulthood, and aging of the mentally retarded.

Grossman, H.J.: Manual on terminology and classification in mental retardation, Baltimore, 1977, Caramond/Pridemark Press.

This manual defines who is mentally retarded and describes etiological categories of mentally retarded persons. It is a valuable resource for learning terminology that assists in effective communication with professionals in the field of mental retardation.

Joseph P. Kennedy, Jr., Foundation: Let's play to grow, Washington, D.C., 1978, The Foundation.

This book provides practical activities that enable mutual participation of parents and mentally retarded persons in motor activity. The activities foster play within the context of the community, home, and school.

McMillan, D.L.: Mental retardation in school and society, ed. 2, Boston, 1982, Little, Brown & Co.

This book provides a general overview of mental retardation. It describes the functions and services of the schools to the mentally retarded. There is a good description of their status in society during the post-school years.

Van Etten, G., Arkell, C., and Van Etten, C.: The severely and profoundly handicapped, St. Louis, 1980, The C.V. Mosby Co.

This book provides excellent information on strategies for providing instruction to the mildly mentally retarded. Many of the methodological techniques described in this book are applicable to physical education teachers who work with the mentally retarded.

CHAPTER 11

Ayres, A.J.: Sensory motor integration and the child, Los Angeles, 1980, Western Psychological Services.

This book was written to assist parents and professionals in identifying integration deficiencies of the sensory motor system. Inasmuch as many learning disabled children may possess disability in such sensory motor integration, the book is a valuable resource for defining deficits for programming of learning disabled children.

deQuiros, J.B., and Schrager, O.L.: Neurological fundamentals in learning disability, Novato, Calif., 1977, Academic Therapy Publications.

This book describes the neuropsychological foundations of learning disabilities. The book was written for professionals and parents who may ultimately be involved in programming to ameliorate deficiencies of perceptual-motor prerequisites that contribute to learning disability.

Hallahan, D.P., and Kaufman, J.M.: Introduction of learning disabilities: a psychoeducational approach, Englewood Cliffs, N.J., 1976, Prentice-Hall, Inc.

This text includes in-depth discussions of many aspects of learning disabilities. Included are definitions of learning disability and theories and methods of programming.

Kephart, N.C.: The slow learner in the classroom, ed. 2, Columbus, Ohio, 1971, Charles E. Merrill Publishing Co.

This classic book describes prerequisite perceptual-motor abilities that, if deficient, may contribute to learning disability. The theoretical formulation of a series of perceptual-motor prerequisites essential for academic success is the thesis of the book. Assessment techniques and suggested program interventions accompany perceptual-motor theory.

Wallace, G., and McLoughlin, J.: Learning disabilities: concepts and characteristics, ed. 2, Columbus, Ohio, 1979, Charles E. Merrill Publishing Co.

This is a comprehensive textbook that describes the characteristics of the learning disabled and theories that attempt to explain underlying causes of learning disability.

CHAPTER 12

Adams, R.C., Daniel, A., and Rullman, L.: Games and sports and exercises for the physically handicapped, Philadelphia, 1972, Lea & Febiger.

This book includes methods for adapting games, sports, and exercises for the physically handicapped. It is a good reference that provides insights for making accommodations that will enable the physically handicapped to participate in physical activity.

Bigge, J.L.: Teaching individuals with physical and multiple disabilities, Columbus, Ohio, 1982, Charles E. Merrill Publishing Co.

This is an excellent text that focuses on practical learning and daily needs of children with physical disability. There is valuable information on instructional adaptations of regular school materials and special instructional aids that ensure the child's active participation despite physical handicaps and developmental delays. Many of the ideas in this text can be generalized to adapted physical education classes for the physically handicapped.

Bleck, E.E., and Nagel, D.A.: Physically handicapped children: a medical atlas for teachers, New York, 1982, Grune & Stratton, Inc.

This book provides clinical descriptions of chronic physical disabilities that may afflict children. It is a comprehensive book from a medical perspective. This book is written to meet the needs of teachers of the physically handicapped.

Wright, B.A.: Physical disability--a psychosocial approach, New York, 1983, Harper & Row, Publishers, Inc.

This book provides a complete overview of problems of the physically disabled in relationship to the social environment. It is an excellent resource that contributes to a constructive view of those who have physical disability. The theme of the book promotes the concept that the severity of a handicap can be increased or diminished by environmental conditions.

CHAPTER 13

Feingold, B.F.: Why your child is hyperactive, New York, 1975, Random House, Inc.

Written by a physician, this book reports technical information on hyperactivity as a result of research and techniques for clinical practice. It provides findings from case studies that enable generation of hypotheses for diagnosis and treatment of hyperactivity.

Hammill, D.D., and Bartel, N.R.: Teaching children with learning and behavior problems, Boston, 1982, Allyn & Bacon, Inc.

This is a basic text that may assist physical education teachers with instruction of emotionally disturbed children. The intent of the book is to review the roles and duties of teachers who work with disturbed children with school-related problems. The book also provides teachers with a series of discussions that focuses on these school-related difficulties.

Leon, T., editor: Readings in autism, ed. 2, Guilford, Conn., 1981, Special Learning Corp.

This is an excellent resource that may make a contribution to the understanding of autism. The book includes characteristics and causes of the disorder. It also includes the development of perceptual, cognitive, and language skills.

Paul, J.L., and Epanchin, B.C.: Emotional disturbance in children: theories and methods for teachers, Columbus, Ohio, 1982, Charles E. Merrill Publishing Co.

This book is based on an eclectic perspective for training teachers to work with emotionally disturbed children. It promotes the premise that the main task of educators is to understand the emotional disturbance in ways that are relevant to the classroom. To accomplish this, it is necessary to incorporate the nature of the problem and theories of instruction with behavior management strategies based on sound instructional concepts.

CHAPTER 14

Kirk, S.A., and Gallagher, J.J.: Educating exceptional children, ed. 4, Boston, 1983, Houghton Mifflin Co.

This textbook includes a well-written section on classification, identification, prevalence, causes, and characteristics of the hearing impaired. It discusses both interindividual and intraindividual differences. The authors argue that in many respects the intraindividual differences--those developmental patterns which cause children to show marked differences in their physical growth--may pose more problems for a teacher and require more adaptations of a child's educational program than do interindividual differences.

Kneedler, R.D., Hallahan, D.P., and Kaufman, J.M.: Special education today, Englewood Cliffs, N.J., 1984, Prentice-Hall, Inc.

This basic special education text includes excellent work on the hearing impaired. The material is clearly written and includes information on characteristics, definitions, causes, and assessments to determine deafness.

CHAPTER 15

Buell, C.E.: Physical education for the blind, Springfield, Ill., 1974, Charles C Thomas, Publisher.

This is a comprehensive book on physical education programming for blind persons. The dimensions of the physical education program covered are sports, athletics, and physical fitness.

Hallahan, D.P., and Kaufman, J.M.: Exceptional children: introduction to special education, Englewood Cliffs, N.J., 1982, Prentice-Hall, Inc.

This book includes a comprehensive chapter on visual impairment. It includes definitions, classifications of visual impairments, anatomy and physiology of the eye, measurement of visual ability, causes of visual impairment, and educational considerations for the visually impaired. This information may be of assistance in adapting physical activity for the visually impaired.

CHAPTER 16

Licht, S.: Therapeutic exercise, Baltimore, 1976, Waverly Press.

This book, which compiles the work of several authors, describes therapeutic activity applicable to various handicapping and postural disorders. It is a comprehensive resource for persons who administer direct specific therapeutic exercises tailored to the physical needs of handicapped persons.

Lindsey, R., Jones, B.J., and Whitley, A.V.: Fitness for health, figure, physique, posture, Dubuque, Iowa, 1983, William C. Brown Group.

This book includes a section that reflects current knowledge of techniques used to develop good posture. Descriptions are provided of poor and excellent dynamic posture. There is a section that provides a detailed explanation of why good posture is important.

Umbreit, J.: Physical disabilities and health impairments: an introduction, Columbus, Ohio, 1983, Charles E. Merrill Publishing Co.

Written by a physician and edited by an educator, this book offers accurate medical information on physical disabilities and health impairments in children. The book includes sections on normal development and orthopedic, neurological, and other health disorders. The book describes causes of disorders, symptoms, and appropriate interventions.

CHAPTER 17

Allsen, P.E., Harrison, J.M., and Vance, B.: Fitness for life: an individualized approach, ed. 3, Dubuque, Iowa, 1983, William C. Brown Group.

This is a comprehensive book that deals with the various aspects of physical fitness. Assessment and programs are described for cardiovascular endurance, as well as other dimensions of physical fitness.

Miller, D.K., and Allen, T.E.: Fitness: a lifetime commitment, ed. 2, Minneapolis, 1982, Burgess Publishing Co.

This book has an excellent section on quantification of intensity of exercise to develop precise individual exercise prescriptions. Reassessment procedures that are integrated with programming are an excellent feature of this book.

Rarick, G.L., Widdop, J., and Broadhead, G.S.: The physical fitness of educable mentally retarded children, Except. Child. 36:509-519, 1970.

This article describes the components of physical fitness of educable mentally retarded persons. The information in the article will enable physical educators to design comprehensive physical fitness tests for educable mentally retarded children.

CHAPTER 18

Carroll, C., and Miller, D.: Health: the science of human adaptation, ed. 3, Dubuque, Iowa, 1982, William C. Brown Group.

This health textbook provides a good reference for understanding health problems such as respiratory, kidney, heart, liver, and other diseases that contribute to a loss of strength and vitality. Other disorders that may afflict a person with a handicap are placed within the concept of one's total well-being.

Heward, W.L., and Orlansky, M.D.: Exceptional children: an introductory survey of special education, ed. 2, Columbus, Ohio, 1984.

This basic textbook surveys exceptionalities in a traditional categorical manner. Other health impairments is one category that is covered in this book. This book incorporates recent research, new educational strategies, and technologies that can be applied to the education of children who are classified as having other health impairments.

CHAPTER 19

Christopios, F., and Valletutti, P.J., editors: Interdisciplinary approaches to human services, Baltimore, 1977, University Park Press.

This book provides an overview of personnel who may be involved with interdisciplinary assessment and programming. The scope of services involved with the interdisciplinary team is discussed. Although the physical education in the service delivery system is not discussed, knowledge of direct services and related services enables the field of physical education to be placed in proper perspective.

Howell, K.: Inside special education, Columbus, Ohio, 1983, Charles E. Merrill Publishing Co.

This book provides the reader with insights into the roles of various personnel such as teachers, administrators, central office workers, social workers, and members of the medical profession in the human delivery system. Although the book does not deal with the interdisciplinary team, insights are provided into potential views of persons who may compose an interdisciplinary team. This interesting book may assist the physical educator in understanding personnel who work with the special education system.

MacMillan, D.L.: Mental retardation in school and society, ed. 2, Boston, 1982, Little, Brown & Co.

This book describes the major elements of P.L. 94-142 (right to due process, IEPs, placement in the least restrictive environment, and protection from nondiscriminatory assessment). Chapter 4 of the book provides a basic understanding of biomedical causes of mental retardation, which provides assistance for physical educators to function as part of an interdisciplinary team. Although the book does not specifically inform the reader how to function on an interdisciplinary team for formulating an IEP, it provides prerequisites for making a contribution to the interdisciplinary process.

CHAPTER 20

Anderson, R.M., Greer, J.C., and Odle, A.J.: Individualizing educational materials for special children in the mainstream, Baltimore, 1978, University Park Press.

This excellent book focuses on educational materials that are needed for individualized instruction. The book encompasses a systematic approach for effective use of instructional materials that enable adaptation of tasks to the learning characteristics of the child. It also provides information on numerous options for securing materials that can be used by the teacher. Practical guidelines are provided for the evaluation of the materials. The book describes several approaches a teacher can use to select instructional materials to facilitate eager involvement of the learner.

Cratty, B.J.: Coding games, Denver, 1980, Love Publishing Co.

This book provides a basic understanding of the interrelationship between physical movement and cognition and how the learning of games aids communication and thinking skills.

Mandell, C.J., and Gold, V.: Teaching handicapped students, St. Paul, Minn., 1984, West Publishing Co.

This book provides insights into the organization of instructional environments for the purpose of individualizing instruction for the handicapped. The authors stress the use of an ecological model in which the learning environment interrelates to both the teacher and the pupil for a successful educational experience. One section describes a rationale for using the ecological model in terms of assessment, developing the instructional plan, and delivering instruction. The instructional system described can be generalized to the physical education classroom.

CHAPTER 21

Goldenson, R.M., et al., editors: Disability and rehabilitation handbook, New York, 1978, McGraw-Hill, Inc.

This comprehensive book, covering the human delivery system, is invaluable for administrators of programs in the field of human services, including physical education. It provides summaries of legislation, dealing with barrier-free environments, equipment sources, and assistive aids.

Hardman, M.L., Drew, C.J., and Egan, M.W.: Human exceptionality: society, school, and family, Boston, 1984, Allyn & Bacon, Inc.

This book is an important prerequisite for the organization and administration of physical education programs for the handicapped. Although it does not specifically provide techniques and strategies for the organization and administration of a physical education program, it does raise sensitivity to the relative difference between normal and exceptional persons. It places the needs of the individual in a major social perspective of family and the aging process as experienced by normal and exceptional persons. The book provides important concepts for building policies that govern adapted physical education programs.

Ysseldyke, J.E., and Algozzine, S.A.: Introduction to special education, Boston, 1983, Houghton Mifflin Co.

One section of this book describes the social, political, economic, and legal factors that interact to influence educational policies that affect the handicapped. This section provides valuable information for personnel in the organization and administration of physical education programs for the handicapped.

CHAPTER 22

Cartwright, C., et al.: Activities, guidelines, and resources for teachers of special learners, Belmont, Calif., 1981, Wadsworth Publishing Co.

One section of this book includes extensive lists of resources: films and other media; books for professionals; names and addresses of manufacturers, distributors, and publishers of special equipment and materials; and names and addresses of professional organizations and advocacy groups.

Davis, W.E.: Educator's resource guide to special education: terms, laws, tests, organizations, Boston, 1980, Allyn & Bacon, Inc.

This is a good book that provides references of organizations and other resources necessary to organize and administer programs for the handicapped. It provides information for the physical educator that is descriptive of how physical education services interact with the human delivery system.

Senator **Weicker**. Thank you very much, and the committee will stand adjourned.

[Whereupon, at 11:36 a.m., the subcommittee adjourned, subject to the call of the Chair.]

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